



Life Map

Follow the Journey of People
Served by County Boards of DD

F O U R T H E D I T I O N



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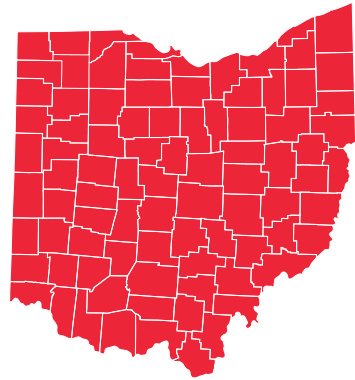


WHAT ARE COUNTY BOARDS OF DD?

County boards of DD are **local public agencies that support Ohioans with developmental disabilities and their families**. They coordinate services and supports, help people get involved in the community and find work, and sometimes offer early intervention for infants and toddlers and schools for children. For more than 50 years, county boards have used a mix of local, state, and federal funds to support people who are born with or develop disabilities that they will have throughout their lives.

Each county board of DD is governed by **seven unpaid, volunteer board members**. Five are appointed by county commissioners. Two are appointed by the county probate judge. Board members serve four-year terms and may serve a total of 12 years. At least some board members are required to be relatives of people with developmental disabilities. Board members select a **superintendent** who oversees day-to-day operations and manages employees such as service and support administrators (case managers), therapists, and other staff.

County boards determine eligibility for services, assist people with developmental disabilities in setting and achieving long-term goals, and **help the people they serve lead happy, fulfilling lives**.



88

County Boards of DD in Ohio



More than
93,000
Ohioans with
Developmental
Disabilities Are
Served Statewide

7

Volunteer
Members
Per Board



County Board of DD Supports

County boards offer localized services and supports based on the needs of their communities. Under Ohio law, all boards must offer certain services and supports and may offer others if the need and resources exist.

Under state law, county boards of DD ***must***:

- **Determine eligibility** of county residents for DD services and supports;
- **Provide case management** to help people with developmental disabilities decide what services and supports they need and how they can be provided and paid for;
- **Coordinate, monitor, and evaluate DD services and supports** for safety, quality, and reliability;
- **Ensure the health and safety of people with developmental disabilities** and step in if/when necessary to advocate for people who are at risk;
- **Provide or contract for adult services**, including employment services and job training for people with developmental disabilities;
- **Use local tax levy dollars and federal Medicaid money to fund services** while keeping open, transparent financial records and filing annual reports;
- **Pay federal Medicaid waiver match** to “draw down” federal money to help pay for services and supports;
- **Adopt a budget, authorize expenses**, and handle all board-related personnel matters; and
- **Help people served by the board find jobs** and set the county board’s goals for community-based employment.

Under state law, county boards of DD ***are permitted but not required to***:

- Provide or contract for early intervention services for infants and toddlers;
- Provide or contract for education services for school-age children; and
- Provide or contract for supportive in-home services.

Each of Ohio’s county boards of DD is the primary funder and monitor of DD services within its boundaries. Boards work in tandem with private service providers, family members, and the community to help people with developmental disabilities get the services and supports they need. **County boards of DD support people with developmental disabilities from the time they are born to the ends of their lives.**



HOW TO USE THE LIFE MAP

This **Life Map** booklet is a quick-reference guide designed to let you see from the perspective of a person with a developmental disability who receives support from Ohio's county boards of developmental disabilities (DD). It will introduce you to the support networks that county boards create and how those support networks are used throughout people's lives.

Each life stage section of this guide will include short explanations of the roles that people with developmental disabilities, family members, county boards, and private service providers should play throughout the life of someone supported by a county board of DD. The sections will also include lists of policy tools and progress markers for any successful life plan.

SECTION KEY



Person

All people who have developmental disabilities have central roles to play in their own lives. This section denotes the considerations that must be made by and for a person during the life stage in question. Also listed are suggested steps to prepare a person for the next stage of life and guidance for measuring how the person's life plan is helping meet long-term goals.



Family Members

Family members are often the most in tune with the needs and desires of people with developmental disabilities. This section denotes what role the family of a person should play at a given point in that person's life and what responsibilities they should undertake at that time.



Specialized Service Providers

People with developmental disabilities (and their families) choose specialized service providers with the help and support of county boards of DD. These services can include adult day supports, employment, medical care, transportation, and more. Service providers may be private companies, non-profits, or independent caregivers.



Service Partners

This section lists the public, private, and non-profit entities that are separate and distinct from the day-to-day operations of a county board of DD. These entities play either a direct or indirect role in the ability of people with developmental disabilities to live in their communities and must be taken into account as potential partners in a person's Individual Service Plan (ISP).



County Board

This section shows what roles Ohio county boards of DD play at the life stage being discussed. It is divided into two parts: critical functions that a board must fulfill and special objectives that are unique to that stage of a person's life.



Funding Sources

Financial support is essential for people with developmental disabilities and their families. This section contains the various sources of funding for people in need of services during a specific stage of life.

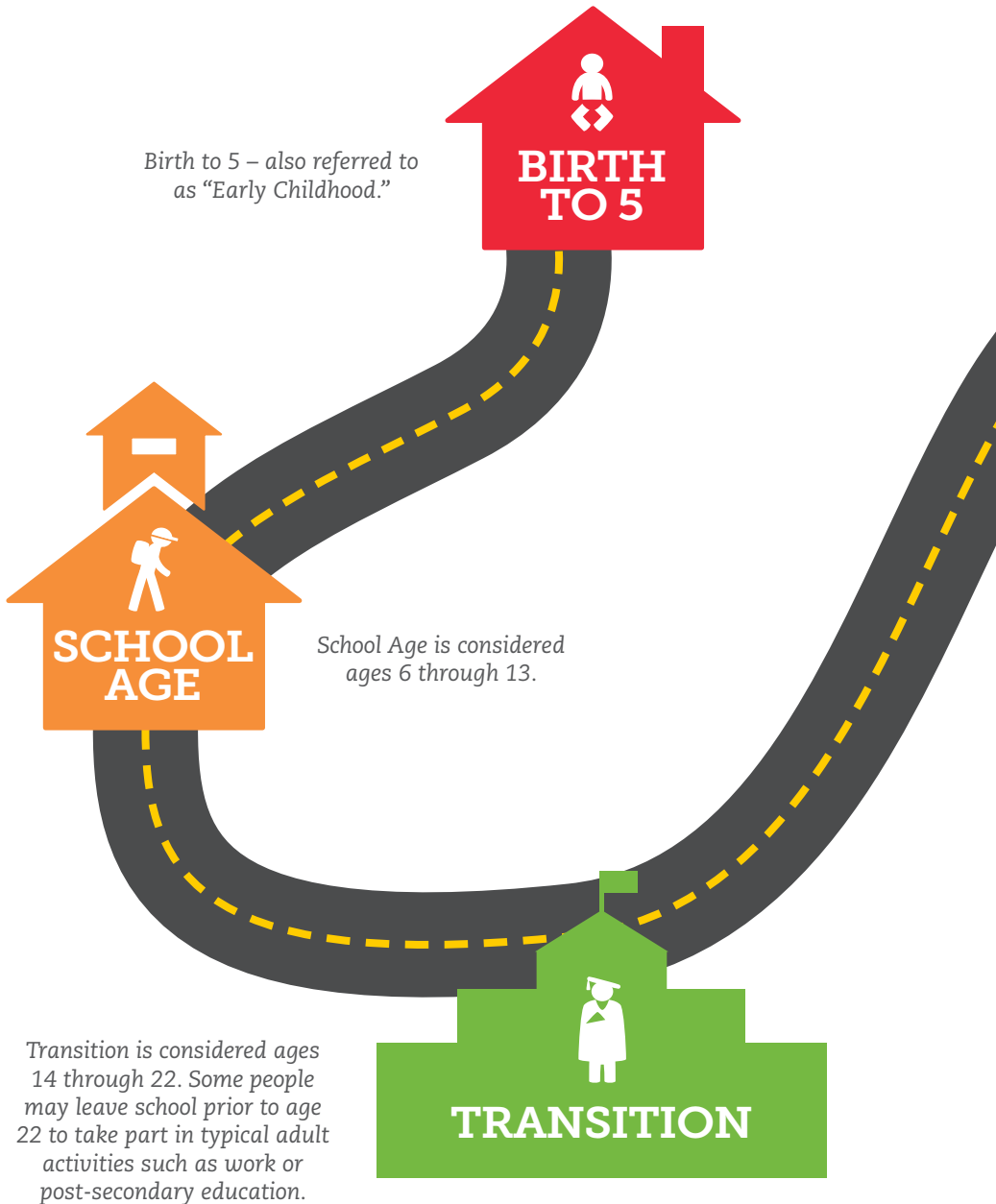


Benchmarks for Success

This section shows what goals should be met for a person in the life stage in question. Essential progress markers are also listed as ways to measure whether or not those goals have been achieved.



LIFE MAP





Adulthood is considered age 23 through the age at which a person retires. Depending on a person's abilities, retirement may take place before or after the age of 65.

Retirement is the period of time after a person stops working but is still in good health and active with friends, family, and the community.



Aging is when a person begins to require a higher level of ongoing care and starts to plan end-of-life decisions, often with the support of family members.





BIRTH TO 5



PERSON

The most important developmental period of a person's life is from birth to age 5. During this time, a person grows and develops emotionally, socially, and physically in ways that will affect them throughout life. Supports during this time can yield lifelong benefits. People establish their health and wellness needs during this period and begin to form the emotional and social resilience necessary to effectively navigate life with a disability.



Family Members

Increase caregiver confidence and competence

Develop and work toward a positive future for their loved one

Build social and emotional resilience within the family



Specialized Service Providers

County board early intervention staff

Child care providers

Preschools

Respite care providers

Behavioral support specialists who assist the family at home

Medical providers and specialists

Occupational, speech, and physical therapists

Developmental specialists



Service Partners

Help Me Grow (HMG)

Ohio Department of Developmental Disabilities Early Intervention

Ohio Department of Health (ODH) Home Visiting

Early Head Start

Local school districts

Public children's services agencies

State/local mental health agencies

Advocacy organizations (such as The Arc of Ohio, APSI, and others)



County Board

Critical Functions

Protect a child's health and safety

Identify the needs of the child and family and create a plan to meet those needs

Regularly evaluate how effectively the plan is meeting needs, adjust as necessary

Offer Early Intervention services to help meet key developmental goals (sometimes in conjunction with Help Me Grow)

Offer continuous family support throughout a person's lifetime

Special Objectives

Provide evidence-based Early Intervention services and supports

Coach family members on caring for their child in the home and community

Assist family members with planning for the future as their child grows up

Help to access other services/ local connections where appropriate



Funding Sources

County board levy dollars

Medicaid/Medicaid waivers

Local school districts

Family health insurance

Family-generated income

Applicable state programs



Benchmarks for Success

Developmental goals for the child are clearly defined

Children's accomplishments and progress can be measured

Family member outcomes are clearly defined

Transition into kindergarten meets the needs of the child and family



SCHOOL AGE



PERSON

Between ages 6 and 21, formal schooling prepares children with developmental disabilities for future challenges. School becomes part of children's daily routines, and programs are individualized to meet students' academic, social, and emotional needs so they can reach their highest potential. At this stage, local school districts help parents create an individualized education plan (IEP) that outlines annual goals for their child.



Family Members

Continue building social and emotional resilience within the family and with a widening social circle

Support friendships and a student's general social well-being



Specialized Service Providers

County board-operated schools

Day care providers

Need-specific schools (such as those for children with autism)

Respite care providers

Behavioral support specialists who assist the family at home

Medical providers and specialists

Occupational, speech, and physical therapists

Intervention specialists



Service Partners

Ohio Department of Developmental Disabilities

Ohio Department of Education

Local school districts

Public children's services agencies

State/local mental health agencies

Family and Children First Councils

Advocacy organizations (such as The Arc of Ohio, APSI, and others)



County Board

Critical Functions

Protect a student's health and safety

Identify changing needs and update a student's support plan as necessary

Offer continuous family support throughout a person's lifetime

Special Objectives

Continue to coach family and teachers

Help students and families develop the skills necessary for self-determined decision-making

Help families understand the world of adulthood and what is needed to support independence

Coach families on creating a life for their child outside the family and promoting community involvement



Funding Sources

County board levy dollars

Medicaid/Medicaid waivers

Local school districts

Family health insurance

Family-generated income

Applicable state programs

Federal and state funding through the Individuals with Disabilities Education Act



Benchmarks for Success

Students are welcomed and valued in school, not just tolerated

Students participate in school activities—being *of* the school, not just *in* the school

Students' accomplishments and progress can be measured

Developmental goals for students are clearly defined

Family member outcomes and goals are defined

Students advance through the K-12 system



TRANSITION



PERSON

When children with disabilities enter their teenage years, they begin to consider the future. What sort of work should they do as adults? Will they be able to work? What skills will they need to live independently? At age 14, transition planning becomes a key part of a person's individual education plan to answer these and other important questions. At this stage, it is critical that a person begin to develop a social network outside the family.



Family Members

Begin understanding the needs and capabilities of their loved one now that the person is maturing into adulthood

For the first time, a person's "family" may include other formal and informal social relationships, such as friends, teachers, neighbors, etc.



Specialized Service Providers

Job coaches/trainers

Career exploration programs

Private employment and vocational service providers

County board of DD employment and vocational service programs

Medical providers and specialists

Occupational, speech, and physical therapists

Intervention specialists

Transition coordinators



Service Partners

Ohio Department of Developmental Disabilities

Ohio Department of Education

Local school districts

Public children's services agencies

State/local mental health agencies

Bureau of Vocational Rehabilitation

Benefits analysts

Employers

Colleges and universities

Adult education providers

Career centers

State/local job and family services agencies

Advocacy organizations



County Board

Critical Functions

Protect a person's health and safety

Identify changing needs and update a person's support plan as necessary

Offer continuous family support throughout a person's lifetime

Special Objectives

Empower people and their family members to choose benefits and supports appropriate for adults

Help families prepare for a person's becoming an adult and gaining independence

Help a person develop skills necessary for self-determined decision-making

Create plan for adulthood to help people who do not have family support

Coordinate a smooth transition into adulthood by working with teachers and transition services providers



Funding Sources

County board levy dollars

Local school districts

Medicaid/Medicaid waivers

Applicable state programs

Personal/family-generated income

Specialized STABLE savings accounts

Federal and state funding through the Individuals with Disabilities Education Act



Benchmarks for Success

People can work or study in integrated environments

People are able to secure jobs if desired

People are able to attend college if desired

A plan exists for a person's future with increasing individual control over life, work, leisure, and general competency development

Plans and goals for family are in place to support a person in achieving long-term goals



ADULTHOOD



PERSON

Adults with developmental disabilities often prefer to be as independent as possible. Some will enter the workforce, while others will choose to spend their days in non-work environments. While independent living is ideal, some people with disabilities might require family or county board support due to the limitations caused by their disabilities. Making friends and being active in the community are essential throughout this period.



Family Members

Expand a person's community exposure to support adult activities

Help broaden a person's social network to include parts of the wider community

Offer knowledge of resources to help adults make decisions



Specialized Service Providers

Direct support professionals for home and personal care needs

Job coaches/trainers

Employment and integrated day program providers

Medical providers and specialists

Occupational and physical therapists



Service Partners

Ohio Department of Developmental Disabilities

Employers

State/local mental health agencies

Bureau of Vocational Rehabilitation (within Opportunities for Ohioans with Disabilities)

Benefits analysts

Colleges and universities

Adult education providers, including GED resources

Career centers

State/local job and family services agencies

Public transportation providers

Advocacy organizations



County Board

Critical Functions

Protect a person's health and safety

Identify changing needs and update a person's support plan as necessary

Offer continuous family support throughout a person's lifetime

Special Objectives

Empower people and their family members to choose benefits and supports appropriate for adults

Help families understand adulthood for people with developmental disabilities and what is needed to support independence

Encourage self-determined decision-making

Help people who do not have family support create long-term life plans

Identify supports that let a person stay at home or in a chosen setting

Help a person and family members plan for the future when family situations change

Coordinate supports for people who engage in criminal behavior in partnership with the adult justice system



Funding Sources

County board levy dollars

Medicaid/Medicaid waivers

Applicable state programs

Employer-provided health insurance and other benefits

Personal/family-generated income



Benchmarks for Success

People feel they have a high quality of life with opportunities to interact with all community members as desired

Happiness at work, including type of job, hours worked, income/benefits, and stability

A person has a healthy life, including safe and affordable housing, meaningful social relationships, access to transportation, access to medical and preventative care, and opportunities for recreation/fun

People have control of their own plans for the future

Plans and goals for family are in place to support a person



RETIREMENT



PERSON

As people with developmental disabilities age, they must think about how to spend their days and live on reduced incomes. This includes establishing a timeline for retirement, finding post-employment daytime activities, and determining the best long-term housing arrangements for one's needs. Many people opt for volunteer activities or take advantage of senior social programs. As always, community bonds are important in this life stage.



Family Members

Help locate and coordinate resources to assist retirement-age loved ones with their day-to-day needs

May choose to help people with disabilities enroll in the same senior services as parents and relatives without disabilities



Specialized Service Providers

Direct support professionals for home and personal care needs

Integrated senior/aging and day habilitation programs

Medical providers and specialists

Occupational and physical therapists

Senior living or nursing facilities



Service Partners

Ohio Department of Developmental Disabilities

Ohio Department of Aging

Local senior services agencies

State/local mental health agencies

Public transportation providers

Advocacy organizations (such as The Arc of Ohio, APSI, and others)



County Board

Critical Functions

Protect a person's health and safety

Identify changing needs and update a person's support plan as necessary

Offer continuous family support throughout a person's lifetime

Special Objectives

Empower people and their family members to choose benefits and supports appropriate for retirees

Encourage self-determined decision-making

Establish a plan to help people who do not have family support

Help families identify supports needed to enable family members to remain at home or in chosen setting (which may include a PASRR assessment)

Help a person's support system plan for the future when family situations change



Funding Sources

County board levy dollars

Medicare/Medicaid (PASSPORT)

Applicable state programs

Personal/family-generated income

Retirement benefits

STABLE Accounts



Benchmarks for Success

People feel they have a high quality of life with opportunities to interact with all community members as desired

A person has a healthy life, including safe and affordable housing, meaningful social relationships, access to transportation, access to medical and preventative care, and opportunities for recreational and volunteer activities

A plan exists for a person's future that puts the person in control of day-to-day and long-term needs

Plans and goals for family are in place to support a person



AGING



PERSON

Old age brings new challenges for a person with a developmental disability, including physical limitations, general health problems, and end-of-life decisions. Often, a person's family and social network are reduced, making it more difficult to live independently. It is important that a plan for end-of-life decisions is made well before reaching this stage of life. Family and community ties remain very important.



Family Members

Identify who will help a person with aging and end-of-life decisions

Assist with living wills, guardianship agreements, and final arrangements



Specialized Service Providers

Direct support professionals for home and personal care needs

Integrated senior/aging and day habilitation programs

Medical providers and specialists

Occupational and physical therapists

Senior living or nursing facilities

Therapists



Service Partners

Ohio Department of Developmental Disabilities

Ohio Department of Aging

Local senior services agencies

Hospice care providers

Public transportation providers

Nursing facilities

State/local mental health agencies

Advocacy organizations (such as The Arc of Ohio, APSI, and others)



County Board

Critical Functions

Protect a person's health and safety

Identify changing needs and modify a person's support plan to meet new needs that come with aging

Offer continuous family support throughout a person's lifetime

Special Objectives

Help people and their family members understand the effects of aging on physical and mental health

Encourage self-determined decision-making

Assist people who do not have family support with end-of-life decisions

Work with family to identify supports needed to enable a person to remain at home or in a chosen setting (which may include a PASRR assessment)

Help a person's support system plan for the future when family situations change



Funding Sources

County board levy dollars

Medicare/Medicaid (PASSPORT)

Applicable state programs

Individual/family-generated income

Retirement benefits

STABLE Accounts



Benchmarks for Success

A person feels they have a high quality of life with opportunities to interact with all members of the community as desired

A person has a healthy life, including safe and affordable housing, meaningful social relationships, access to transportation, access to medical and preventative care, and opportunities for recreational and volunteer activities

A plan exists for a person's future that puts the person in control of day-to-day and long-term needs

Plans and goals for family are in place to support a person



ACRONYMS AND ABBREVIATIONS

ABOUT THIS SECTION

When interacting with county boards of DD, provider agencies, or advocacy groups, one may hear many acronyms and abbreviations used to refer to diagnoses, services, programs, or organizations. This list has been included to help readers navigate these terms and achieve a better understanding of the language used in the DD support system.

AAA – Area Agency on Aging

AAE – Adaptive & Assistive Equipment

AAI – Acuity Assessment Instrument

AAIDD – American Association on Intellectual and Developmental Disabilities

ABLE Act – Achieving a Better Life Experience Act

ACA – Affordable Care Act

ACB – American Council of the Blind

ADA – Americans with Disabilities Act

ADAPT – Americans Disabled for Attendant Programs Today

ADD – Attention Deficit Disorder

AIDD – Administration on Intellectual and Developmental Disabilities

APE – Adaptive Physical Education

APS – Adult Protective Services

APSE – Association for Persons in Supported Employment (national)

APSI – Advocacy and Protective Services Inc.

The Arc of Ohio – Advocating for the Rights of Citizens with Intellectual and other Developmental Disabilities

ASD – Autism Spectrum Disorder

ASL – American Sign Language

AT – Assistive Technology

BCMh – Bureau for Children with Medical Handicaps (at ODH)

BDD – Bureau of Disability Determination

BH – Behavioral Health

BIAOH – Brain Injury Association of Ohio

BSVI – Bureau of Services for the Visually Impaired

BVR – Bureau of Vocational Rehabilitation

BWC – Bureau of Workers Compensation

CAP – Client Assistance Program

CARF – Commission on Accreditation of Rehabilitation Facilities

CBDD – County Board of Developmental Disabilities

CDE – Center for Disability Empowerment

CDJFS – County Department of Job and Family Services

CEC – Council for Exceptional Children

CHIP/SCHIP – Children’s Health Insurance Program/State Children’s Health Insurance Program (also known as Healthy Start)

CMS – U.S. Centers for Medicare & Medicaid Services

CMT – Community Management Team

COEDI – Children’s Ohio Eligibility Determination Instrument

COG – Council of Governments

COLA – Cost of Living Adjustment

COOL – Council of Ohio Leaders (part of OSDA, oversees Project STIR)

CP – Cerebral Palsy

CPDU – Continuing Professional Development Unit

CPT – Cost projection tool

CSAT – Center for Substance Abuse Treatment

DD – Developmental Disabilities

DDP – Developmental Disabilities Profile

DME – Durable Medical Equipment

DNR – Do Not Resuscitate

DODD – Ohio Department of Developmental Disabilities

DOE – U.S. Department of Education

DOJ – U.S. Department of Justice

DOL – U.S. Department of Labor

DOS – Date of Service

DPOA – Durable Power of Attorney

DRO – Disability Rights Ohio

Dx – Diagnosis

DYS – Ohio Department of Youth Services

EC – Early Childhood

EC-CAS – Early Childhood Comprehensive Assessment System

ECE – Early Childhood Education

ECMH – Early Childhood Mental Health

EDGAR – Education Department General Administrative Regulations

EEOC – Equal Employment Opportunity Commission

EI – Early Intervention

EOB – Explanation of Benefits

EPSDT – Early Periodic Screening Diagnosis and Treatment Program

ESC – Educational Service Center

FAPE – Free Appropriate Public Education

FAS – Fetal Alcohol Syndrome

FCFC – Family & Children First Council

FERPA – Family Educational Rights Privacy Act

FFP – Federal Financial Participation

FFS – Fee for Service

FHA – Fair Housing Act or Fair Housing Administration

FMLA – Family Medical Leave Act

FPS – Family Planning Services

FRS – Family Resource Services

FSS – Family Support Services

GAL – Guardian Ad Litem

GCPD – Governor’s Council on People with Disabilities

HCBS – Home- and Community-Based Services (Waiver)

HHA – Home Health Agency

HHS – U.S. Department of Health and Human Services

HI – Hearing Impaired

HIPAA – Health Insurance Portability and Accountability Act

HME – Home Medical Equipment

HMG – Help Me Grow

HMO – Health Maintenance Organization

HPC – Homemaker Personal Care

HUD – Housing and Urban Development

Hx – History

IBMFE – Intervention Based Multi-Factored Evaluation

ICF-IID – Intermediate Care Facility for Individuals with Intellectual Disabilities

ICP – Individualized Career Plan
ICTA – International Commission on Technology & Accessibility
ICU – Intensive Care Unit
IDEA – Individuals with Disabilities Education Act
IDP – Inter-Disciplinary Plan
IEE – Independent Education Evaluation
IEP – Individualized Education Plan
IFA – Individualized Functional Assessment
IFSP – Individualized Family Service Plan
IHP – Individualized Habilitation Plan
IID – Individuals with Intellectual Disabilities
IL – Independent Living
ILC – Independent Living Center
ILOC – Intermediate Level of Care
IO – Individual Options Waiver
IPE – Individualized Plan for Employment
IPP – Individualized Program Plan
IRWE – Impairment Related Work Expense
ISP – Individual Service Plan
ITP – Individualized Transition Plan
IWRP – Individualized Written Rehabilitation Plan
JAN – Job Accommodation Network
JCARR – Joint Committee on Administrative Rule Review
JTPA – Job Training Partnership Act
LD – Learning Disability
LEA – Local Education Agency
LEAP – Linking Employment Abilities and Potential
LOC – Level of Care
LRE – Least Restrictive Environment
LSD – Local School District
LTC – Long-Term Care
LTCF – Long-Term Care Facility
LV1 – Level One Waiver
MBI – Medicaid Buy-In
MBIWD – Medicaid Buy-in for Workers with Disabilities
MCHB – Maternal and Child Health Bureau
MCP – Managed Care Plan
MCS – Multiple Chemical Sensitivity
MD – Muscular Dystrophy
MFE – Multi-Factored Evaluation
MH – Mental Health or Multiply Handicapped
MI – Mental Illness
MIDD – Co-occurring Mental Illness and Developmental Disabilities
MS – Multiple Sclerosis
MSA – Medical Savings Account
MUI – Major Unusual Incident
NAMI – National Alliance on Mental Illness
NF – Nursing Facility
NICU – Neonatal Intensive Care Unit
NIH – National Institutes of Health
NOD – National Organization on Disability
NOFA – Notice of Funds Available
NP – Nurse Practitioner
O4A – Ohio Association of Area Agencies on Aging
OAAS – Ohio Association of Adult Services
OAC – Ohio Administrative Code
OACB – Ohio Association of County Boards of Developmental Disabilities
OCALI – Ohio Center for Autism and Low Incidence
OCECD – Ohio Coalition for Education of Children with Disabilities
OCR – Office of Civil Rights
OCRC – Ohio Civil Rights Commission
ODA – Ohio Department of Aging
ODDC – Ohio Developmental Disabilities Council
ODDP – Ohio Developmental Disabilities Profile
ODE – Ohio Department of Education
ODEP – Office of Disability Employment Policy

ODH – Ohio Department of Health

ODJFS – Ohio Department of Job and Family Services

ODM – Ohio Department of Medicaid

ODMHAS – Ohio Department of Mental Health and Addiction Services

ODOT – Ohio Department of Transportation

ODYS – Ohio Department of Youth Services

OEC – Office of Exceptional Children

OEDI – Ohio Eligibility Determination Instrument

OHFA – Ohio Housing Finance Agency

Ohio SIBS – Ohio Special Initiatives by Brothers & Sisters

ONET – Ohio Network for Education Transformation

OOD – Opportunities for Ohioans with Disabilities

OPRA – Ohio Provider Resource Association

ORC – Ohio Revised Code

OSCBDD – Ohio Superintendents of County Boards of DD

OSDA – Ohio Self Determination Association

OSEP – Office of Special Education Programs

OSERS – Office of Special Education and Rehabilitation Services

OSILC – Ohio Statewide Independent Living Council

OSLA – Ohio Supported Living Association

OT – Occupational Therapy

PA – Prior Authorization

PABSS – Protection and Advocacy for Beneficiaries of Social Security

PADD – Protection and Advocacy for Developmental Disabilities

PAIR – Protection and Advocacy of Individual Rights

PAR Ohio – Professionals, Advocates, Resources

PAS – Personal Assistant Services

PASRR – Pre-Admission Screening and Resident Review

PASS – Plan for Achieving Self-Support

PASSPORT – Pre-Admission Screening System Providing Options & Resources Today

PBIS – Positive Behavioral Interventions and Supports

PCA – Personal Care Attendant

PCI – Positive Culture Initiative

PCN – Primary Care Nurse

PCP – Person Centered Plan

PCP – Primary Care Provider

PCT – Person Centered Thinking

PDD – Pervasive Developmental Disorder

PDN – Private Duty Nursing

POA – Power of Attorney

PPO – Preferred Provider Organization

PT – Physical Therapy

PTSD – Post-Traumatic Stress Disorder

PPO – Preferred Provider Organization

Project STIR – Steps Toward Independence and Responsibility

PWS – Prader Willi Syndrome

QA – Quality Assurance

QIDP – Qualified Intellectual Disabilities Professional

RN – Registered Nurse

ROM – Range of Motion

SABE – Self-Advocates Becoming Empowered

SAMHSA – Substance Abuse and Mental Health Services Administration

SAT – Scholastic Aptitude Test

SBH – Severe Behavioral Handicap

SCI – Spinal Cord Injury

SDE – Self-Directed Employment

SE – Special Education

SEA – State Education Agency
SEA – Society for Equal Access
Section 504 – Section 504 of the Rehabilitation Act of 1973
SELF – Self Empowered Life Funding Waiver
SELN – State Employment Leadership Network
SFL – Substantial Functional Limitation
SGA – Substantial Gainful Activity
SIL – Services for Independent Living
SHRM – Society for Human Resource Management
SIB – Self-Injurious Behavior
SIL – Services for Independent Living
SILC – Statewide Independent Living Council
SL – Supported Living
SNF – Skilled Nursing Facility
SPA – State Plan Amendment
SSA – Service and Support Administration (board of DD department) or Service and Support Administrator (board employee)

SSA – U.S. Social Security Administration
SSD – Social Security Disability
SSDI – Social Security Disability Insurance
SSI – Supplemental Security Income
ST – Speech Therapy
STIR – Steps Toward Independence and Responsibility (see Project STIR)
TANF – Temporary Assistance for Needy Families
TBI – Traumatic Brain Injury
TCM – Targeted Case Management
TPP – Transition Planning Process
TS – Tourette’s Syndrome
TTY/TDD – Telecommunication Device for the Deaf
Tx – Treatment
UCEDD – University Centers for Excellence in Developmental Disabilities
VR – Vocational Rehabilitation
WIC – Women, Infants and Children program
WIOA – Workforce Innovation and Opportunity Act

MORE INFORMATION

For more information about the contents of this document or to learn more about Ohio’s developmental disability service delivery system, please contact us at (614) 431-0616 or learn more by visiting us online at www.oacbdd.org.





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F O U R T H E D I T I O N