QIDP Professional TRAINING

Illinois Department of Human Services

Module 1: Introduction to the World of the QIDP

Module 2: Leadership and Communication

Module 3: Behavioral Supports

Module 4: Person Centered Planning

Module 5: Record Keeping

Module 6: Advocacy, Rights, and Resources

Module 7: Environmental and Safety Supports

Module 8: Medical Supports

Module 9: Rules and Regulations

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Module 1 Introduction

Why are you being trained to be a QIDP?

You are participating in QIDP training so that you may support people with intellectual and developmental disabilities effectively as a Qualified Intellectual Disabilities Professional. QIDPs are responsible for many tasks including ensuring that the people they serve receive individualized, appropriate, and person-centered services. This training is designed to give you an overview of the QIDP role as well as helpful tools, tips and resources.

Objectives

Participants will be able to:

- Describe the necessary qualifications of a Qualified Intellectual Disabilities Professional.
- Identify the annual continuing education requirements of a QIDP.
- Exhibit a brief understanding of the history of the field of human services as it pertains to intellectual disability professionals.
- Explain the four pivotal elements of the QIDP role.
- Describe and explain the fundamental roles and responsibilities of a QIDP.
- Determine how positive psychology plays a part in the role of a QIDP.
- Recognize the importance of time management and effective time management strategies.

Modules were written in partnership with Training Directors and training professionals at Trinity Services, Inc., Anixter Center, Clearbrook, Community Service Partners, Ray Graham Association, and DD Homes Network.

QIDP TRAINING

"Man's mind, once stretched by a new idea,

never regains its original dimensions."

-Oliver Wendell Holmes

Qualifications of a QIDP

A Qualified Intellectual Disabilities Professional (QIDP) must have at least one year of experience working directly with people with intellectual and developmental disabilities, meet the minimum federal educational requirements for a QIDP outlined in 42 CFR 483.430, and must provide documentation of both education and experience.

Direct work experience may include, but is not limited to:

- Case management or activities that include involvement with individuals in daily, work or social activities
- Interactions with consumers in the implementation of individual service plans, education plans or behavior programs
- Gathering behavior program data by interacting with or observing consumers to determine appropriate program implementation
- Involvement with consumers in programming at residential, work sites and other venues.

Persons, who would meet QIDP requirements within a reasonable time, may gain QIDP experience under the direct supervision of a trained QIDP by assisting them in collecting or collating data, drafting paperwork, organizing or recording team meetings, etc. However, only QIDPs on the Department's QIDP database can be assigned full QIDP responsibilities (e.g., preparing ISPs, conducting meetings, assessing consumer progress, completing paperwork and signing documents that require QIDP approval). QIDPs cannot sign off on QIDP paperwork prepared by staff not approved as a QIDP, even if that staff meets QIDP requirements.

QIDPs are responsible for many things, not least of which includes ensuring that the individuals we support receive appropriate, effective, and individualized person-centered services. This training is designed to give you an overview of what your position will likely involve, as well as a wealth of tools, tips, and resources that you can utilize in provision of those services.

A minimum of 40 hours of training is required once placement on the IDHS database (commonly referred to as the QIDP Registry) has occurred. Q training consists of 9 separate modules that will be completed over the course of the next two to six months.

Module 1: Introduction to the World of the QIDP
Module 2: Leadership and Communication
Module 3: Behavioral Supports
Module 4: Person Centered Planning
Module 5: Record Keeping
Module 6: Advocacy, Rights, and Resources
Module 7: Environmental and Safety Supports
Module 8: Medical Supports
Module 9: Rules and Regulations

As you move through the modules you will find several icons.

This icon is used when further discussion is needed.

This icon is used to indicate that relevant agency specific information should be discussed.

This curriculum is meant to be a starting point for your journey to be a QIDP. There is much more to be said about the topics in this curriculum than it is possible to cover in a 40 hour classroom experience. Each module contains a list of recommended reading and resources so that you may gain further knowledge.

The field of psychology and intellectual and developmental disabilities is forever evolving. To remain current, QIDPs need to be lifelong learners, interested in research, innovations and advances in the field. After completion of the nine modules and associated on the job training, QIDPs are required by The Division of Developmental Disabilities to obtain 12 hours of continuing education (CE) /professional development annually beginning in the State Fiscal Year following completion of this QIDP training program. Only 6 of the 12 hours can be earned inside the employing agency. However, all 12 hours may be earned outside the employing agency.

Topics must be related to the work of QIDPs, or issues affecting the field of intellectual and developmental disabilities or service provision and must be presented by persons qualified in the subject matter.

College credit courses must relate work of QIDPs, or issues affecting the field of developmental disabilities or service provision. CE hours earned for college credit courses equal the credit hours earned for the course, not the time spent in class. More information about CE opportunities and documentation is available on the IDHS website at http://www.dhs.state.il.us/page.aspx?item=45329

A Brief Historical Perspective

The Arc of Illinois, founded in 1950, has created a timeline describing the history of disabilities dating back to the 1930s. The timeline below, based largely on facts from the Arc of Illinois, reflects events as well as changes in conditions, language, and prevailing thoughts as they pertain to people with intellectual disabilities. For the full version of the Arc's history, please visit www.thearcofil.org/history.

1930's - People met in church basements and homes to provide support for families and voluntary day activities for their children with DD.

1950, September – ARC of the United States was founded as National Assn of Parents and Friends of MR Children

1950 – ARC of Illinois founded by local parent groups from around the state. Officially incorporated in October 1955 and became active at all levels as a voice of support and advocacy.

1960's – State institutions at Lincoln and Dixon housed over 10,000 people. Local ARC chapters spawned special education schools and sheltered workshops.

1970's -Illinois became one of first states to pass laws giving children with disabilities the right to a free and appropriate education. Groundwork was laid for the development of community living and day programs. Also, in the early 1970s, the definition for a Qualified Mental Retardation Professional (QMRP) was established as one of 49 principles set forth in a court decision, Wyatt vs. Stickney.

1990's- Advocacy organizations emphasize community inclusion, person-centered planning and self-determination.

2010 – Rosa's Law: President Obama signed legislation on October 5, 2010 changing the terms "mental retardation" and "mentally retarded" to "intellectual disability" and "Intellectually disabled" in various federal laws. It makes federal language consistent with that used by the U.S. Centers for Disease Control, the World Health Organization and the President's Committee on Individuals with Intellectual Disabilities.

What's in a name?

The term "QMRP" (Qualified Mental Retardation Professional) was used until "Rosa's Law" changed all references of "mental retardation" in Federal Law to the term "intellectual disability"; therefore the term "QIDP" (Qualified Intellectual Disabilities Professional) is now used federally. Effective January 1, 2012, Public Act 097-0227 required both the removal of the term "mental retardation" from the lexicon of Illinois state agencies and use of the term "QIDP" when referring to state staff serving in that capacity. However, you may also see the term QDDP (Qualified Developmental Disabilities Professional) used and in our Illinois State Operated Developmental Centers (SODCs), you will see the term HPC (Habilitation Program Coordinator) used.

Four Pivotal Elements of the QIDP Role

Communication

Effective communication is the backbone of service planning and delivery. Sharing of information is critical but so is the manner in which it is delivered. Diplomacy is a word that somewhat captures the component of communication referred to as "how you say it". Diplomacy is the employment of tact to find mutually acceptable solutions to a common challenge, such as phrasing of statements in a non-confrontational, non-judgmental manner.

Discuss each of the bulleted points below. Give examples of diplomatic usage of each.

- Verbal Communication - What we say and how we say it.
- Non-Verbal Communication- What we communicate without words.
- Listening Skills - How we interpret both the verbal and non-verbal messages sent by others.
- Negotiation - Working with others to find a mutually agreeable outcome.
- Problem Solving - Working with others to identify, define and solve problems.

Organization

Organization improves efficiency, increases productivity, maximizes time and helps to prioritize the many tasks of a QIDP. There are many systems of organization. The way you organize is not as important as the fact that you do organize and do so consistently. QIDPs find themselves working in a variety of locations, with many people. You will attend important meetings, facilitate important meetings and correspond with other professional through email and telephone. Ultimately you are responsible for the record of the person supported and if you do not have a strong organizational system, you will find this more than a little challenging.

Davis Allen, in his book, *Getting Things Done*, offers a workflow diagram that can be helpful with both organization and time management. See **Appendix B**.

Discuss common barriers to organization. Ask participants to share their strategies to address those barriers.

- Feeling overwhelmed
- Procrastination
- Multi-tasking
- Jumping between tasks
- Getting hung up on a task
- Getting distracted

Facilitation/Coordination
A facilitator leads others to obtain knowledge and information, work collaboratively, accomplish objectives and reach mutually satisfying actions to complete a project or solution to issues. Skilled facilitators have powerful listening and communication skills. They contribute structure and process to interactions so groups are able to function effectively by encouraging participation, promoting mutual understanding and cultivating shared responsibility. Often facilitators act as a mediator, coach or moderator. The goal of a facilitator is to encourage others to think productively, to ask vital questions, to find solutions and/or to identify productive actions

Adaptability/ Flexibility
Flexibility in the workplace is about adapting successfully to changing situations and environments. You will need to be able to change your job role and responsibilities on short notice. You will need to think quickly on your feet and be able to multi-task. Being adaptable is to adjust oneself readily to different conditions or situations. It requires reacting quickly to changing circumstances and finding new solutions, persisting when unforeseen issues come up and dealing with changing priorities and deadlines.

"It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is the most adaptable to change."
-Charles Darwin

My Roles and Responsibilities as a Q

Using your knowledge of QIDPs, check the responsibilities you may have in your position as a QIDP.

__Applying relevant rules and regulations
__Managing financial matters
__Training staff
__Facilitating the planning process
__Coordinating the planning process with all disciplines
__Completing the record review process
__Writing goals and objectives
__Participating in and scheduling daily activities
__Counseling individuals, guardians, and direct care staff
__Leading and chairing meetings
__Acting as a community liaison
__Facilitating estate planning and wills
__Monitoring the plan
__Writing and developing person-centered individual service plans
__Developing a quality enhancement process
__Intervening in crises
__Participating in the development of behavior intervention plans
__Assuring medical needs are met
__Supervising and leading team meetings
__Assuring rights and responsibilities are known and met
__Assuring due process is rights need to be restricted
__Keeping records
__Assuring quality of life, health, and safety are met
__Participating in and coordinating transition planning
__Sharing responsibility for direct service work
__Writing and delivering staff evaluations
__Holding staff interviews and hiring new staff
__Helping families apply for different types of funding
__Supervision of staff
__Assuring basic needs are met
__Scheduling staff training/monitoring training regulations
__Disciplinary actions for staff
__Ordering supplies for the house and managing inventory

It's Not Just What You Do but *How* You Do It

The task list for QIDPs can be long and diverse. The role may look very different from provider to provider. Regardless, how you complete your job will significantly impact your success. The "*how"* will allow you to build effective relationships based upon mutual respect and trust, delivering to deadlines and achieving results. The "*how*" determines your personal credibility.

Discuss the National Association of Qualified Developmental Disability Professionals Code of Ethics below.

The National Association of
Qualified Developmental Disability Professionals

Code of Ethics

A Qualified Developmental Disability Professional (QDDP)/Qualified Mental Retardation Professional (QMRP)/ Qualified Intellectual Disability Professional (QIDP) is the key person responsible for drawing together family, friends, and staff, as well as marshalling resources and energy in order to enhance independence and improve the quality of life for the individuals they represent. It is a position grounded in the principles of servant leadership. The QDDP performs his/her duties with the strongest possible commitment to personal and professional ethics and standards of conduct. To assess, understand and support people in achieving important outcomes and goals in their lives, it is necessary to understand the responsibilities and values of one's profession. The following Code Of Ethics is to be a guidepost helping QDDPs along this journey.

In all relationships, the QDDP promotes the individual's welfare, dignity, and respect by consistently advocating for their right to self-determination. QDDPs work to assist each person in identifying and reaching their goals. Inherent in this responsibility is enabling individuals to advocate for their own concerns in appropriate and effective ways.

- The QDDP supports individuals in understanding their rights and works to ensure that they are free to exercise them. If needed, education regarding responsibilities in relation to rights is also provided.
- When assisting individuals to make informed choices, the QDDP obtains and provides all the information necessary in language and format that can be comprehended as easily as possible.
- Should an individual need assistance in making sound, safe decisions, through the appointment of a legal guardian, the QDDP keeps the appointed guardian aware of the person's rights and opportunities to make choices.
- The QDDP is committed to assisting persons with disabilities in choosing and crafting a life supported by societal norms around age, intimacy, livelihood and community participation.
- The QDDP is committed to maintaining the highest standards of confidentiality.

- In the development of each individual's goals or plans, the individual with the disability remains the key person in the process. The QDDP involves those persons who know and are committed to fully supporting the person being served.
- The QDDP facilitates the contributions of all staff including those professionally trained persons who are involved in the provision of supports and services.
- Whether as an organizational representative or independent practitioner, the QDDP interacts with others while maintaining the highest levels of responsibility, integrity, and standards of moral conduct.
- As a professional in the disabilities field, the QDDP is always prepared to partner and collaborate with colleagues. He/she provides guidance, training, motivation and instruction, as the situation requires.
- The QDDP proactively identifies any barriers to the achievement of positive outcomes for the persons he/she represents and strives to remove or lessen those barriers or identify alternative pathways.
- The QDDP actively assists individuals to establish and maintain meaningful relationships with family members and persons with and without disabilities in their local communities.
- The QDDP actively assists individuals to establish and maintain meaningful relationships with family members and persons with and without disabilities in their local communities.
- In order to provide the best possible services, the QDDP will demonstrate his/her pledge to continued learning by consistently seeking ways to increase his/her knowledge of current trends and best practices.

"If your actions inspire others to dream more, learn more, do more and become more, you are a leader."
-John Quincy Adams

It's Not Just What You Do but *WHY* You Do It

You have probably heard the story about the three stonecutters who are asked what they are doing. The first one says, "I am cutting a stone." The second one says, "I am cutting this block of stone to make sure that it is square and its dimensions are uniform, so that it will fit exactly in its place in the wall." The third stonecutter, who is the happiest of them all, grins and replies, "I am building a cathedral."

Now is a good time to ask yourself why you want to be a QIDP.

Discuss the many reasons that participants became a QIDP.

While there are many paths to the role of QIDP there is but one purpose of all work completed by a QIDP. That work can be summed up in one question:

"How is Bob's life better as the result of my work?"

That is a very serious responsibility, not to be taken lightly. It is also a question that leads to many others questions:

- What is meant by better?
- Does better mean smarter or more independent?
- How do you define and measure better?

The science of positive psychology is looking at those very questions. Martin Seligman is largely considered to be the founder of positive psychology. In his book, Flourishing, he introduces the theory of well-being. He delineates between happiness and well-being (flourishing). Happiness involves how one feels in the moment, mood, how one might describe life satisfaction. Well-being, on the other hand is a combination of feeling good as well as actually having meaning, good relationships and accomplishment. There are the five elements of well-being:

- **P**ositive emotion
- **E**ngagement
- **R**elationships
- **M**eaning
- **A**ccomplishment

If the role of the QIDP is to make positive change in the lives of the people supported so that, indeed, their life is better today than a year ago, then Seligman's elements of well-being are worth considering further.

Discuss Seligman's five elements of well-being as they relate to you, your job and the people you support. If you have limited experience it is appropriate to consider these questions in terms of "What will you do to…" or" How will you…"

Positive Emotions can be viewed as happiness and joy. Positive emotions include peace, love, pleasure and curiosity. They are subjective and typically evaluated by self-report.

- Do the people you support experience positive emotions throughout their day?
- Do you recognize the benefits of laughter and seek to build laughter into the lives of people supported?
- How to you promote happiness in the daily lives of the people you support?

Engagement is associated with participation in activities such as sports, work, hobbies and spending time with friends. A person is more fully engaged when distractions are minimized or not noticed and concentration is high. Often a person's level of interest determines level of engagement. Engagement is also primarily measured subjectively by self-report.

- Do you recognize the value of engagement in activity other than "programs"?
- Do the people you support have choice of activity across their day and lives? How?

Positive Relationships are at the core of well-being. Positive relationships with family, friends, neighbors and colleagues should be intentionally sought and fostered.

- Is your relationship with the people you support premised upon "fixing" their shortfalls?
- Do you and the direct support staff see your relationship with the people you support of a mother-child, teacher-student nature or are you a coach, mentor and ally?
- What have you done to create new relationships and strengthen existing relationships?

Meaning comes from a connection to a bigger cause, living for a greater purpose.

- How do you support people to make/strengthen connections to their preferred church or synagogue?
- How do you support people to contribute to their community?
- How do you support people in activities that are beneficial to them and others?
- How do you support people in systems or self-advocacy?

Accomplishment involves goal achievement, learning a skill or realizing a dream.

- Have you abandoned the developmental approach to personal growth and accomplishment?
- Do you know the dreams and life priorities of the people you support?
- Have you eliminated words and phrases such as running programs, 100% of the time and shaping?

My Roles and Responsibilities as a Q

Divide into small groups and brainstorm very specific strategies for assisting the people we support with flourishing based upon Seligman's PERMA model.

Positive Emotions can be viewed as happiness and joy.
Engagement is associated with participation in activities such as sports, work, hobbies and spending time with friends.
Positive Relationships are at the core of well-being. Positive relationships with family, friends, neighbors and colleagues should be intentionally sought and fostered.
Meaning comes from a connection to a bigger cause, living for a greater purpose.
Accomplishment involves goal achievement, learning a skill or realizing a dream.

Time Management

Never underestimate the power of positivity to increase your productivity. When you are more positive, people are more willing to help you, you are more confident, and you make better decisions. The role of a QIDP can bring many interesting and difficult challenges to your work day. These challenges may hinder both your positivity and productivity in the work place. Regardless, your focus on creating a better life for the individuals you serve shall prevail.

Paperwork, meetings, appointments, and visits can take up much of your work time. Implementing time management strategies that work well for you, your employees, your organization, and the individuals you support will keep you focused throughout even the most chaotic of days.

The Balancing Act: Balancing Paperwork and People

We all only have 24 hours in a day and if we get 8 hours of sleep we only have 16 hours. So the question becomes, "What do we do with those 16 hours?" Isn't it interesting how some people use those 16 hours to be incredibly productive while others accomplish very little?

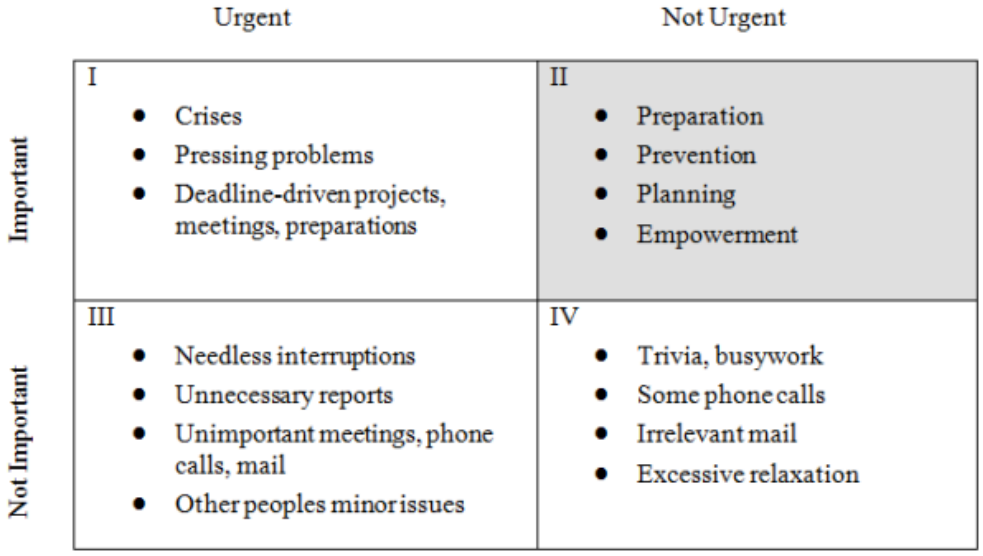
There are as many time management strategies as there are fish in the sea and more pop up every day. Below are a few tips for making the most of your work day.

1. Carry a schedule and record all your thoughts, conversations and activities for a week. This will help you understand how much you can get done during the course of a day and where your precious moments are going. You'll see how much time is actually spent producing results and how much time is wasted on unproductive thoughts, conversations and actions.
2. Any activity or conversation that's important to your success should have a time assigned to it. Appointment books work. Schedule appointments with yourself and create time blocks for high-priority thoughts, conversations, and actions. Schedule when they will begin and end. Have the discipline to keep these appointments.
3. Plan to spend at least 50 percent of your time engaged in the thoughts, activities and conversations that produce most of your results.
4. Schedule time for interruptions. Plan time to be pulled away from what you're doing. Take, for instance, the concept of having "office hours." Isn't "office hours" another way of saying "planned interruptions?"
5. Take the first 30 minutes of every day to plan your day. Don't start your day until you complete your time plan. The most important time of your day is the time you schedule to schedule time.
6. Take five minutes before every call and task to decide what result you want to attain. This will help you know what success looks like before you start. And it will also slow time down. Take five minutes after each call and activity to determine whether your desired result was achieved. If not, what was missing? How do you put what's missing in your next call or activity?

7. Practice not answering the phone just because it's ringing and e-mails just because they show up. Disconnect instant messaging. Don't instantly give people your attention unless it's absolutely crucial in your business to offer an immediate human response. Instead, schedule a time to answer email and return phone calls.
8. Block out other distractions like Facebook and other forms of social media unless you use these tools to generate business.
9. Remember that it's impossible to get everything done. Also remember that odds are good that 20 percent of your thoughts, conversations and activities produce 80 percent of your results.

The graphic below is another way to think about time management. It is taken from Stephen Covey's book *First Things First.*

Time Management Matrix:



Quadrant I – Things that are Urgent and Important
Quadrant II – Things that are Not Urgent and Important
Quadrant III – Things that are Urgent and Not Important
Quadrant IV – Things that are Not Urgent and Not Important

Urgent means that a task requires immediate attention. These are the to-do's that shout "Now!" Urgent tasks put us in a reactive mode, one marked by a defensive, negative, hurried and narrowly-focused mindset.

Important tasks are things that contribute to our long-term mission, values and goals. Sometimes important tasks are also urgent, but typically they're not. When we focus on important activities we operate in a responsive mode, which helps us remain calm, rational and open to new opportunities.

Each of us has a choice as to how we will allocate our time between these quadrants. But one thing is for sure: when it comes to achieving your goals and living a life of minimal stress – all quadrants are NOT equal.

According to Dr. Covey, 90% of most people's time is spent in Quadrant I – things that are Urgent and Important, while the remaining 10% is spent "spacing out" the Not Urgent/Not Important Quadrant IV.

Covey believes that good time management and effective prioritization is simple: make sure you spend most of your time in Quadrant II.

My Roles and Responsibilities as a Q

Considering the job duties of a QIDP on page six of this module, complete the matrix below by placing tasks into the four quadrants.

Time Management Matrix

	Urgent	**Not Urgent**
Important		
Not Important		

Recommended Reading & Resources

Although we will try to cover a great deal of material with you today in class, the roles and responsibilities of a QIDP are broad and require continued study and attention throughout your career. We recommend the following resources as good places to start with regard to furthering your knowledge and understanding of this important role.

- Understanding Mental Disorders: Your Guide to DSM-5 by *American Psychiatric Association*
- Unforgotten: Twenty-Five Years After Willowbrook by *Danny Fisher and Jack Fisher*
- Direct Support Persons' Modules by *The Illinois Department of Human Services*
- Diagnostic and Statistical Manual of Mental Disorders: DSM-5 by *American Psychiatric Association*
- National Association of QDDPs, WWW.QDDP.org
- Flourishing by *Martin Seligman*
- Positivity by *Barbara Fredrickson*
- Getting Things Done by *David Allen*
- Universal Enhancement by *Tom Pomeranz*

Appendix A

Alphabet Soup

The Intellectual and Developmental Disabilities/Social Services field (perhaps more than any other) really, really loves its acronyms. You will hear quite a few acronyms, field-specific terms and jargon in your first few months as a Q. We like to call this "alphabet soup."

We hope you find this information helpful in your efforts to decipher the "new language." You will learn more as you go through each Module and then as you start to train on the job. If you have questions about an acronym or word you hear people use, or an acronym that isn't written out or explained in the workbook, please ask your supervisor or your instructor.

AAIDD - American Association on Intellectual & Developmental Disabilities. This is an advocacy organization which serves people with intellectual & developmental disabilities and their families through state and national chapters. Formerly known as American Association on Mental Retardation. (AAMR)

ABS - Adaptive Behavior Scale. A skill assessment used with people who have developmental disabilities.

Accreditation - Official approval of an organization by an independent reviewer such as the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Council on Quality and Leadership (CQL).

ADA -Americans with Disabilities Act. A law guaranteeing civil rights to people with disabilities.

ADL - Activities of Daily Living. This can include cooking, hygiene, cleaning, budgeting, etc.

ARC - An advocacy group for people with disabilities and their families. state, national and international chapters. (Formerly "The Association for Retarded Citizens")

Assistive Technology - Any device that helps someone be more independent. Communication devices, wheelchairs, specialized dishes and utensils, modified light switches, etc.

BA - **Behavior Analysis**. A branch of psychology concerned with data based decision-making. Or **Behavior Analyst**- a person who practices behavior analysis and uses the techniques to help people with developmental disabilities.

BALC - Bureau of Accreditation, Licensure and Certification. BALC monitors compliance with national accreditation requirements for community agencies funded by the Office of Developmental Disabilities or Office of Mental Health.

Billing - This term refers to the Medicaid reimbursement process through which services are funded based on the type of service and amount of time spent providing the service.

Bureau of Quality Management (BQM) - A Division of the Illinois Department of Human Services which is responsible for quality assurance of agencies.

CAN - Career Access Network. Reviews agencies for people with disabilities.

CARF - Commission on Accreditation of Rehabilitation Facilities. Provides accreditation standards and reviewers for organizations working in the human services field around the world.

CILA - Community Integrated Living Arrangements. A residential setting serving 8 or fewer individuals, designed to maximize incidental learning and independence.

Clinical File/Chart/Record - A chart or file where information is kept on each person served by the agency.

CMS - Center for Medicare and Medicaid Services. A federal funding and monitoring body providing oversight of ICFDD and the State of Illinois Department of Human Services. Formerly known as the Health Care and Finance Administration, CMS conducts occasional audits of social service agencies that receive federal funding. CMS also defines Medicare rules and regulations for DHS, DPH, HFS, CILA, and foster care.

CP - Cerebral Palsy. A type of developmental disability affecting muscle structures.

CQL - Council on Quality and Leadership, an organization that accredits service providers who offer outstanding quality.

CPR - Cardio-pulmonary Resuscitation. A medical technique used to restore breathing. An annual recertification is required for most employees.

CST - Community Support Team. This team is made up of concerned persons who support a person receiving services. The team includes the person and 18 Module can also include family or guardian, QDDP, direct support professionals, program director, nurse, etc.

DCFS - Illinois Department of Children & Family Services. This entity serves as a funding and monitoring agency for some programs serving children.

DD - Developmental Disabilities. A disability that presents at birth or childhood, which is life-long, and affects learning across several major life areas: capacity for independent living, economic self-sufficiency, mobility, learning, receptive and expressive language, self-care, and self-direction.

DHS/IDHS – (Illinois) Department of Human Services: DHS is one of Illinois' largest State agencies created in 1997 to provide Illinois residents with streamlined access to integrated services, especially those who are moving from welfare to work and economic independency, and others who face multiple challenges to self-sufficiency. It administers the Temporary

Assistance to Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) programs which provide cash and foodstamp benefits through Link cards. The Division of Developmental Disabilities (DDD) is the office of DHS that regulates services and funding provided to people with disabilities. DHS licenses or certifies other agencies to provide services and conducts survey visits to all programs at least once a year to ensure that those services are being provided. It also ensures proper credentialing and training of direct support staff and QIDPs. A facility or agency regulated by DHS may be funded by it or the Illinois Department of Healthcare and Family Services (HFS), often referred to as "Public Aid" or "DPA," HFS's former name.

DR - Department of Rehabilitation Services. A funding and monitoring agency for some programs and services, particularly Supportive Employment.

DPA/IDPA - Illinois Department of Public Aid. This entity is a funding and monitoring agency for many Medicaid programs and services.

DPH/IDPH - Illinois Department of Public Health. IDPH regulates and licenses ICFsDD and other health care facilities. It conducts a surprise survey visit at least once a year, and they also investigate allegations of abuse, neglect and exploitation in ICFs. Facilities must be licenses to provide services under IDPH. IDPH also maintains a registry of DSPs, their criminal background status, training programs and IDHS Office of the Inspector General (OIG) substantiated findings of abuse/neglect.

DSM V - Diagnostic and Statistical Manual 5th revision. A reference used by mental health professionals to list criteria for the diagnosis of mental illness.

DSP -Direct Support Professional. The DHS title for people who work providing daily assistance for people with intellectual and developmental disabilities.

DT - Developmental Training. A State of Illinois funding category for certain Adult Services programs.

EFE (Sometimes called 'E for E') - Equip for Equality. A "watch dog" organization that monitors human rights issues for persons with developmental disabilities in Illinois.

GAC and OSG – Guardianship and Advocacy Commission and Office of State Guardian: The Illinois GAC protects the rights and promotes the welfare of persons with disabilities. Services provided include legal representation, investigating complaints of rights violations and providing state guardianship for Illinois' population with disabilities through OSG.

Goal - An outcome that a person would be likely to attain in 3-5 years. This is different than an objective which is more short term and lasts about a year.

HRC – Human Rights Committee

IARF - Illinois Association of Rehabilitation Facilities. Association of MI and DD providers who meet to share information. State and national chapters.

ICAP - Inventory for Client and Agency Planning. This is a tool that evaluates the skill levels of persons with developmental disabilities.

ICF/DD- health facilities licensed by IDPH to provide 24-hour-per-day service to people with developmental disabilities.

ICF<16 -Intermediate Care Facility for 16 or fewer persons.

ID - Intellectual Disabilities. A condition that is associated with a below average IQ score and deficits in intellectual functioning, formerly known as "Mental Retardation."

IEP, ISP, ITP - Individual Educational, Service, or Treatment Plan. Almost everyone who participates in an educational, residential, employment, or day program has either an IEP, ITP, or ISP, which are integrated plans that serve as a "blueprint" for services. A person's plan outlines what staff will do with or for the person, how often it will occur, and describes how progress will be determined.

ISBE - Illinois State Board of Education. Regulatory agency for funding and monitoring of Illinois elementary and secondary schools.

ISC – Independent Service Coordination. The role of the ISC agency is to ensure compliance with applicable Federal and State laws, arrange for and conduct assessments, make necessary determinations regarding for services, educate individuals and families, and make referrals and provide linkage to appropriate and needed services.

The duties of the ISC fall into two main areas of support: Screening and Case Management. First of all, the ISC agency is responsible for screening and assessing individuals who are located in the geographic area assigned to them by IDHS. The ISC agents assist people with disabilities and their families in receiving funding and deciding on services. Once funding is received, clients have an ISC agent, who is an independent case manager for all services received by that client.

These services were formerly referred to as **Pre Admission Screening (PAS)** and **Individual Support, Service and Advocacy (ISSA).**

Job Coach - An employee who supports a person with a disability to learn job skills at a job site in the community.

Link Cards - A debit-type card for cash and SNAP (foodstamp) benefits issued by the State of Illinois to enable eligible people purchase qualifying goods, services, food, and pay living expenses the Link card can only be used by the person (payee) to whom it is issued and requires the entry of a personal identification number (PIN) .

LPN - Licensed Professional or Practical Nurse.

MAR - Medication Administration Record. Form used to record medication taken each day.

Medicaid – Okay, this is not an acronym, but it is still very important to know. Medicaid is a form of government-provided and funded health insurance. Medicaid is more comprehensive than just funding visits to the doctor however; care can include acute health care, respite services, rehabilitation therapies, assistive technology devices and other community based services and supports.

Medicaid is available only to certain low-income individuals and families who fit into an eligibility group that is recognized by federal and state law. In Illinois, some clients and their families are also asked to pay a small part of the cost (co-payment) for some medical services. This is called a "spend down."

Medicaid is a state administered program and each state sets its own guidelines regarding eligibility and services. In Illinois, Medicaid is administered by HFS (formerly "Public Aid"). For all clients who are eligible for Medicaid, it is important to always have a current copy of their Medicaid cards in our files.

Medicare – Medicare is a Federal government program that pays for, among other things, long-term care for the elderly and for the disabled who have received SSDI (see below) for two years.

Medicaid Waiver- This program allows federal dollars to be used byn states to run programs that were not originally covered under Medicaid

MHP - Mental Health Professional. A direct support staff with a minimum of 5 years of experience in the Mental Health field or a 4 year degree in Human Services.

MI - Mental Illness.

MR - Mental Retardation. A type of developmental disability. This term has largely been replaced with Intellectual Disability, a term preferred by advocates and required to be used by Illinois state agencies.

NAQ- National Association of QDDPs. An organization that provides networking opportunities, information, and education for QDDPs.

Objective - A short term learning goal meant to be achieved in a one year period.

OIG – Office of Inspector General: OIG assists agencies and facilitates in prevention efforts by investigation all reports of abuse, neglect and mistreatment in a timely manner, to foster humane, competent, respectful and caring treatment of persons with mental and developmental disabilities. OIG can be considered the "investigative arm" that looks into allegations of abuse, neglect and exploitation in CILA, DT, ES, and In-home CILA. The Illinois Department of Public Health (IDPH) investigates allegations of abuse, neglect and mistreatment in ICF environments, but the agency overall utilizes OIG's Rule 50 reporting guidelines and standards.

On-the-job (OJT) training - Refers to training which occurs on the job site.

OSG, OPG - Office of State Guardian or Office of Public Guardian. Entities which serve as public guardian for some people we support.

OSHA- Occupational Safety and Health Administration: Congress created OSHA to ensure safe and healthful working conditions for men and women by setting and enforcing standards and by providing training, outreach, education, and assistance. Among other responsibilities, OSHA enforces workplace safety controls, and requires annual training for all staff in Bloodborne Pathogens and Fire Safety.

PAS Agency and ISSA Agent- See **ISC** (Independent Service Coordination)

Personal Outcomes - Goals, dreams, and plans that people have for themselves.

PICA - A diagnosis that describes people who have an obsession with putting things in their mouths which others, without this disability, would not. Cigarette butts are an example.

POS - Physician's Orders Sheet. A list of current medications and treatments for a person receiving residential services.

PSW- Personal Support Worker

QDDP/QIDP - Qualified Developmental Disability Professional/ Qualified Intellectual Disabilities Professional. These persons have responsibility for services and support for persons with developmental disabilities. Also known as a case manager.

Respite - A program which offers support to families of persons with disabilities.

Rule - state or federal regulations and guidelines for programs. Rule 119 (DT) or Rule 155 (CILA) are examples.

SEP - Supported Employment Program. A program in which individuals are assisted in obtaining pre-vocational skills, employment, and support on the job.

SIB - Self-injurious Behavior. Behavior that causes a person to injure him or herself that could require a behavior plan.

SODC –State Operated Developmental Center

SSA – Social Security Administration: The Federal government agency that provides oversight and regulation for all social security benefits (retirement, disability, SSI, Medicare, survivor benefits).

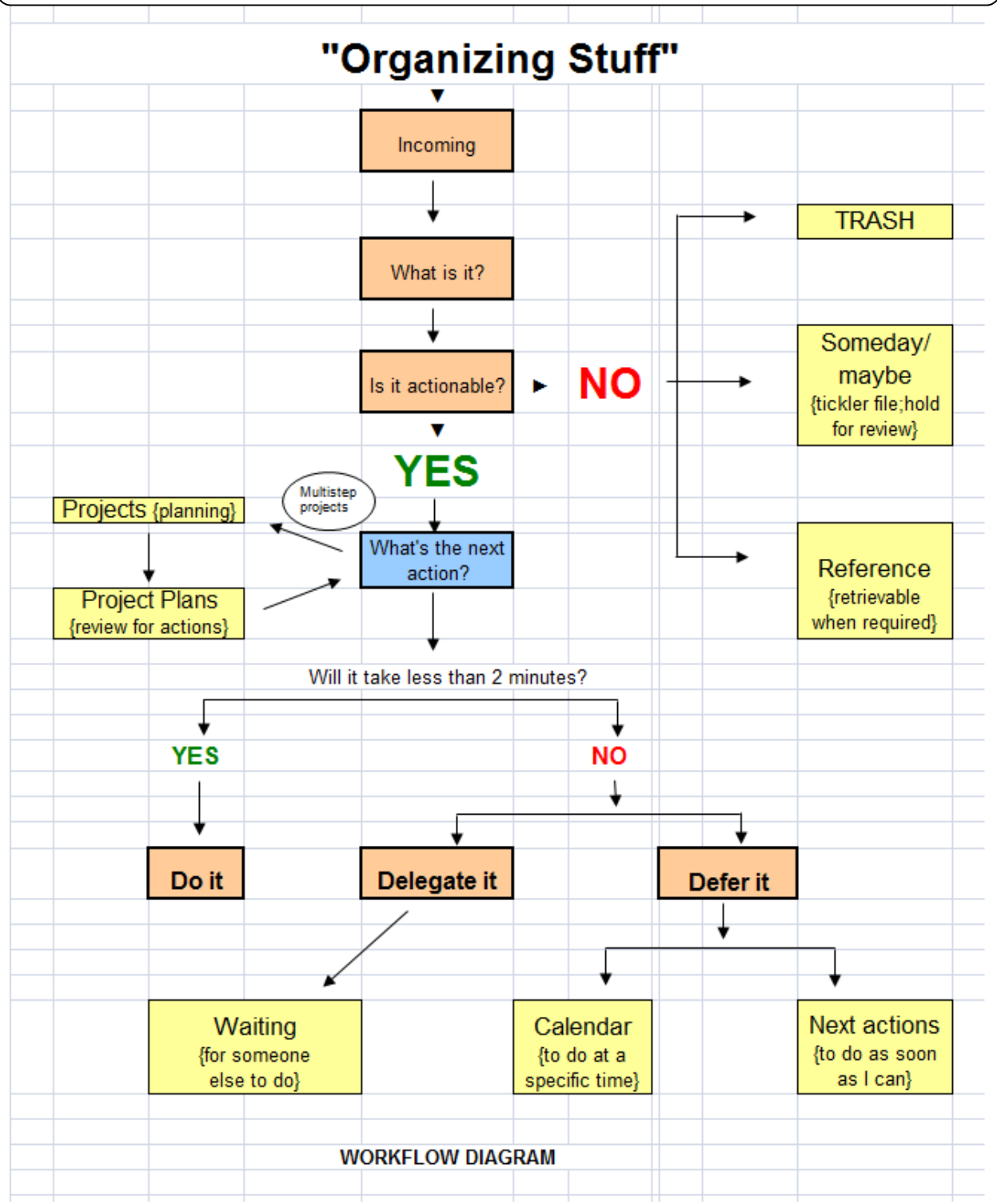
SSDI – Social Security Disability Insurance: Eligibility for these funds is based on ability to work. Beneficiaries of SSDI can be a disabled worker, the spouse of a disabled worker, the children of a disabled worker, or an adult disabled child of a worker. The amount received each month depends on the work history of the client and/or parent.

SSI – Supplemental Security Income: Eligibility for these funds in based on age (65 or older), disability, income and assets. Recipients are usually ineligible if their assets/income are over $1125.00 a month. If the client is legally blind, allowable assets are doubled to $2250.00. Eligibility for SSI often means the recipient is eligible for food stamps and Medicaid as well.

TD -Tardive Dyskinesia. An irreversible condition which occurs as a result of long-term use of some psychotropic medications. Can cause tics or other movement disorders.

Appendix B

Getting Things Done



Adapted from Getting Things Done by David Allen