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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.

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.
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.
Birth to 5 – also referred to as “Early Childhood.”

School Age is considered ages 6 through 13.

Transition is considered ages 14 through 22. Some people may leave school prior to age 22 to take part in typical adult activities such as work or post-secondary education.
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.

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.
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)
# 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

# 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

# Funding Sources

- County board levy dollars
- Medicaid/Medicaid waivers
- Local school districts
- Family health insurance
- Family-generated income
- Applicable state programs

# County Board

- Critical Functions
- Special Objectives
- Benchmarks for Success
- Funding Sources
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

<table>
<thead>
<tr>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protect a student’s health and safety</td>
</tr>
<tr>
<td>Identify changing needs and update a student’s support plan as necessary</td>
</tr>
<tr>
<td>Offer continuous family support throughout a person’s lifetime</td>
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</tbody>
</table>

#### Special Objectives

<table>
<thead>
<tr>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to coach family and teachers</td>
</tr>
<tr>
<td>Help students and families develop the skills necessary for self-determined decision-making</td>
</tr>
<tr>
<td>Help families understand the world of adulthood and what is needed to support independence</td>
</tr>
<tr>
<td>Coach families on creating a life for their child outside the family and promoting community involvement</td>
</tr>
</tbody>
</table>

### Funding Sources

<table>
<thead>
<tr>
<th>Source</th>
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</thead>
<tbody>
<tr>
<td>County board levy dollars</td>
</tr>
<tr>
<td>Medicaid/Medicaid waivers</td>
</tr>
<tr>
<td>Local school districts</td>
</tr>
<tr>
<td>Family health insurance</td>
</tr>
<tr>
<td>Family-generated income</td>
</tr>
<tr>
<td>Applicable state programs</td>
</tr>
<tr>
<td>Federal and state funding through the Individuals with Disabilities Education Act</td>
</tr>
</tbody>
</table>

### Benchmarks for Success

<table>
<thead>
<tr>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students are welcomed and valued in school, not just tolerated</td>
</tr>
<tr>
<td>Students participate in school activities—being of the school, not just in the school</td>
</tr>
<tr>
<td>Students’ accomplishments and progress can be measured</td>
</tr>
<tr>
<td>Developmental goals for students are clearly defined</td>
</tr>
<tr>
<td>Family member outcomes and goals are defined</td>
</tr>
<tr>
<td>Students advance through the K-12 system</td>
</tr>
</tbody>
</table>
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
**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
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)
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.

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
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)
## Critical Functions

<table>
<thead>
<tr>
<th>Function</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Protect a person’s health and safety</td>
<td></td>
</tr>
<tr>
<td>Identify changing needs and modify a person’s support plan to meet new needs that come with aging</td>
<td></td>
</tr>
<tr>
<td>Offer continuous family support throughout a person’s lifetime</td>
<td></td>
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## Special Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Help people and their family members understand the effects of aging on physical and mental health</td>
<td></td>
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<tr>
<td>Encourage self-determined decision-making</td>
<td></td>
</tr>
<tr>
<td>Assist people who do not have family support with end-of-life decisions</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
</tr>
<tr>
<td>Help a person’s support system plan for the future when family situations change</td>
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## Funding Sources

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<thead>
<tr>
<th>Source</th>
<th>Description</th>
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<tbody>
<tr>
<td>County board levy dollars</td>
<td>Medicare/Medicaid (PASSPORT)</td>
</tr>
<tr>
<td>Applicable state programs</td>
<td>Individual/family-generated income</td>
</tr>
<tr>
<td>Retirement benefits</td>
<td>STABLE Accounts</td>
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## Benchmarks for Success

<table>
<thead>
<tr>
<th>Success Mark</th>
<th>Description</th>
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<tbody>
<tr>
<td>A person feels they have a high quality of life with opportunities to interact with all members of the community as desired</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>A plan exists for a person’s future that puts the person in control of day-to-day and long-term needs</td>
<td></td>
</tr>
<tr>
<td>Plans and goals for family are in place to support a person</td>
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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
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CHIP/SCHIP</td>
<td>Children’s Health Insurance Program/State Children’s Health Insurance Program (also known as Healthy Start)</td>
</tr>
<tr>
<td>CMS</td>
<td>U.S. Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>CMT</td>
<td>Community Management Team</td>
</tr>
<tr>
<td>COEDI</td>
<td>Children’s Ohio Eligibility Determination Instrument</td>
</tr>
<tr>
<td>COG</td>
<td>Council of Governments</td>
</tr>
<tr>
<td>COLA</td>
<td>Cost of Living Adjustment</td>
</tr>
<tr>
<td>COOL</td>
<td>Council of Ohio Leaders (part of OSDA, oversees Project STIR)</td>
</tr>
<tr>
<td>CP</td>
<td>Cerebral Palsy</td>
</tr>
<tr>
<td>CPDU</td>
<td>Continuing Professional Development Unit</td>
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<tr>
<td>CPT</td>
<td>Cost projection tool</td>
</tr>
<tr>
<td>CSAT</td>
<td>Center for Substance Abuse Treatment</td>
</tr>
<tr>
<td>DD</td>
<td>Developmental Disabilities</td>
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<tr>
<td>DDP</td>
<td>Developmental Disabilities Profile</td>
</tr>
<tr>
<td>DME</td>
<td>Durable Medical Equipment</td>
</tr>
<tr>
<td>DNR</td>
<td>Do Not Resuscitate</td>
</tr>
<tr>
<td>DODD</td>
<td>Ohio Department of Developmental Disabilities</td>
</tr>
<tr>
<td>DOE</td>
<td>U.S. Department of Education</td>
</tr>
<tr>
<td>DOJ</td>
<td>U.S. Department of Justice</td>
</tr>
<tr>
<td>DOL</td>
<td>U.S. Department of Labor</td>
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<tr>
<td>DOS</td>
<td>Date of Service</td>
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<tr>
<td>DPOA</td>
<td>Durable Power of Attorney</td>
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<tr>
<td>DRO</td>
<td>Disability Rights Ohio</td>
</tr>
<tr>
<td>Dx</td>
<td>Diagnosis</td>
</tr>
<tr>
<td>DYS</td>
<td>Ohio Department of Youth Services</td>
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<tr>
<td>EC</td>
<td>Early Childhood</td>
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<tr>
<td>EC-CAS</td>
<td>Early Childhood Comprehensive Assessment System</td>
</tr>
<tr>
<td>ECE</td>
<td>Early Childhood Education</td>
</tr>
<tr>
<td>ECMH</td>
<td>Early Childhood Mental Health</td>
</tr>
<tr>
<td>EDGAR</td>
<td>Education Department General Administrative Regulations</td>
</tr>
<tr>
<td>EEOC</td>
<td>Equal Employment Opportunity Commission</td>
</tr>
<tr>
<td>EI</td>
<td>Early Intervention</td>
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<tr>
<td>EOB</td>
<td>Explanation of Benefits</td>
</tr>
<tr>
<td>EPSDT</td>
<td>Early Periodic Screening Diagnosis and Treatment Program</td>
</tr>
<tr>
<td>ESC</td>
<td>Educational Service Center</td>
</tr>
<tr>
<td>FAPE</td>
<td>Free Appropriate Public Education</td>
</tr>
<tr>
<td>FAS</td>
<td>Fetal Alcohol Syndrome</td>
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<tr>
<td>FCFC</td>
<td>Family &amp; Children First Council</td>
</tr>
<tr>
<td>FERPA</td>
<td>Family Educational Rights Privacy Act</td>
</tr>
<tr>
<td>FFP</td>
<td>Federal Financial Participation</td>
</tr>
<tr>
<td>FFS</td>
<td>Fee for Service</td>
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<tr>
<td>FHA</td>
<td>Fair Housing Act or Fair Housing Administration</td>
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<tr>
<td>FMLA</td>
<td>Family Medical Leave Act</td>
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<tr>
<td>FPS</td>
<td>Family Planning Services</td>
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<td>FRS</td>
<td>Family Resource Services</td>
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<td>FSS</td>
<td>Family Support Services</td>
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<tr>
<td>GAL</td>
<td>Guardian Ad Litem</td>
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<tr>
<td>GCPD</td>
<td>Governor’s Council on People with Disabilities</td>
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<tr>
<td>HCBS</td>
<td>Home- and Community-Based Services (Waiver)</td>
</tr>
<tr>
<td>HHA</td>
<td>Home Health Agency</td>
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<tr>
<td>HHS</td>
<td>U.S. Department of Health and Human Services</td>
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<tr>
<td>HI</td>
<td>Hearing Impaired</td>
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<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>HME</td>
<td>Home Medical Equipment</td>
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<tr>
<td>HMG</td>
<td>Help Me Grow</td>
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<tr>
<td>HMO</td>
<td>Health Maintenance Organization</td>
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<tr>
<td>HPC</td>
<td>Homemaker Personal Care</td>
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<td>HUD</td>
<td>Housing and Urban Development</td>
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<td>Hx</td>
<td>History</td>
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<tr>
<td>IBMFE</td>
<td>Intervention Based Multi-Factored Evaluation</td>
</tr>
<tr>
<td>ICF-IID</td>
<td>Intermediate Care Facility for Individuals with Intellectual Disabilities</td>
</tr>
</tbody>
</table>
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
PVO – 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  
**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  
**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

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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.