

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT ON DISABILITY SERVICES**



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**Individual Support Plan Terms and Definitions**

**Appeal:** A process by which the person, or his or her substitute decision-maker, may request agency reconsideration or an Medicaid fair hearing regarding his or her ISP.

**Assessment:** Process of identifying a person's specific strengths, developmental needs, and needs for services. This should include identification of the person's present developmental level and health status and, where possible, the cause of the disability; the expressed needs and desires of the person and his or her family; the current known abilities, strengths and talents of the person; the person's interest in employment; whether a person is receiving services is the most integrated setting appropriate to his or her needs; and the environmental conditions that could facilitate or impede the person's growth, development, and performance.

**Behavior Support Plan (BSP):** A component of the ISP that defines individually tailored behavior supports designed by a licensed professional, or behavior management specialist supervised by a licensed professional, to assist a person in ameliorating and/or eliminating the negative impact that one or more challenging behaviors have on his or her daily life. The BSP identifies strategies and services necessary to support and encourage the person in his or her decision to reside within the community; to decrease the impact of a behavioral event; to assist the person in developing alternative and more effective communication, adaptive and coping mechanisms; and to enable the person to achieve positive personal outcomes. The BSP is based on an understanding that there are reasons for challenging behaviors and others in a person's life must work to understand the underlying reasons. Therefore, BSPs must be based on a thorough and thoughtful functional assessment that results in a BSP with steps and methods to help the person address his/her challenging behaviors and to assist the person with development of positive behaviors as a replacement for challenging behaviors. In accordance with D.C. Official Code § 7-1301.03(2A), at a minimum, the BSP must (a) identify challenging or problematic behavior; (b) state the working hypothesis about the cause of the person's behavior and uses the working hypothesis as the basis for the selected intervention; (c) identify strategies to teach or

encourage the person to adopt adaptive behavior as an alternative to the challenging or problematic behavior; (d) consider the potential for environmental or programmatic changes which could have a positive impact on challenging or problematic behaviors; and (e) address the person's need for additional technological or supervisory assistance to adapt or cope with day-to-day activities.

**Day:** A calendar day unless noted specifically in the procedures as a business day.

**Designated Representative:** Someone the person has chosen as a representative, or who has come forward as an advocate for the person's interests, in connection with the development and review of the ISP, who is not otherwise disqualified from taking an appeal, and who is acknowledged by the DDS to be the designated representative for the individual in connection with such service planning.

**Emergency Admission:** An emergency admission is made to a respite setting or residential support services when the person's health and welfare is considered to be in imminent risk as a result of abuse or neglect, or the person is homeless, has lost natural caregivers or because other aspects of a person's life or living situation have rapidly deteriorated, and is not capable of ensuring his/her own health and welfare without supervision and support. If any DDS employee has reason to believe that an emergency admission is required, he or she shall notify his or her SPCD Program Manager within one (1) business day.

**Evaluation or Comprehensive Evaluation:** The assessment process performed by professionals according to standardized procedures that incorporate, when possible, standardized tests and measures in addition to informal and observational measures intended to determine the person's strengths, developmental needs, and need for services. In accordance with D.C. Official Code § 7-1301.03(6), the initial comprehensive evaluation or screening shall include, but not be limited to, documentation of: (a) a physical examination that includes the person's medical history; (b) an educational evaluation, vocational evaluation, or both; (c) a psychological evaluation, including an evaluation of cognitive and adaptive functioning levels; (d) a social evaluation; (e) a dental examination; (f) an evaluation of whether the person has the capacity to grant, refuse or withdraw consent to any ongoing medical treatment; and (g) a determination of whether the person (i) has or could execute a durable power of attorney, (ii) has been offered an opportunity to execute a durable power of attorney, and declined, or (iii) has a person reasonably available, mentally capable, and willing to provide substituted consent. In accordance with D.C. Official Code § 7-1305.04(a)(3), annual reevaluations or screenings shall be provided as determined by the person's needs and his/her team, but must include at a minimum a physical examination as described above dated within the last twelve (12) months, a dental examination dated within the last twelve (12) months, a review of all mental health services (including psychotropic medications, behavioral support plans, and any other psychiatric treatments), and a review and update of information on whether the person has the capacity to grant, refuse, or withdraw consent to any ongoing medical treatment, and whether the person (i) has or could execute a durable power of attorney, (ii) has been offered an opportunity to execute a durable power of attorney, and declined, or (iii) has a person reasonably available, mentally capable, and willing to provide substituted consent. Notwithstanding the above, for persons residing in an intermediate care facility for individuals with intellectual disability (ICF/IID), conditions of participation set

forth in 42 CFR § 483.440 require an initial comprehensive evaluation review or screening and annual reevaluation or screening thereafter to include each of the items in the initial comprehensive evaluation and an assessment of nutritional status, sensory and motor development, affective development, speech and language development, and auditory functioning.

**Family:** Parents, foster parents, spouses, siblings, and others who perform the roles and functions of family members in the life of a person, including persons in a relationship of mutual support with a person that is exclusive and expected to endure over time. Family should be encouraged to participate in the development of the ISP unless the person knowingly objects.

**Goals:** Establishing specific, measurable, action-oriented, reasonable, and time-bounded goals that can be evaluated and revised (S.M.A.R.T.E.R.) to accomplish a person's desired outcome.

**Home and Community-Based Services Waiver (HCBS):** The range of community support services approved by the Centers for Medicare and Medicaid Services (CMS) pursuant to § 1915(c) of the Social Security Act to be offered to people DDA supports who would otherwise require a level of care provided in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

**Person:** means, except where otherwise specified, a person receiving services or supports provided, funded, or arranged by DDA.

**Individual Habilitation Plan (IHP):** That plan as set forth in Section 403 (b) D.C. Law 2-137, the "Citizens with Intellectual Disabilities Constitutional Rights and Dignity Act of 1978," effective March 3, 1979 (D.C. Official Code § 7-1301.01 *et seq.*).

**Individual Program Plan (IPP):** The written plan that describes how the goals as set forth in the ISP are to be implemented. For persons residing in an ICF/IID, the provider will develop an IPP with the participation of the support team (also known as an Interdisciplinary team or IDT) per 42 CFR § 483.440 (6). For HCBS waiver participants, the provider is responsible to prepare and implement a written support plan per the requirements for the specific waiver service being delivered.

**Individual Support Plan (ISP):** The successor to the individual habilitation plan (IHP) as defined in the "2001 Plan for Compliance and Conclusion of Evans v. Williams." The Individual Support Plan is the document describing the results of the person-centered planning process, addressing the strengths, preferences, needs and dreams as described by the person and the team. The ISP also serves as the HCBS waiver plan of care to authorize waiver service type, amount and duration. The ISP will include all services identified in support of the person, including Medicaid State Plan, HCBS waiver, community-based and other natural supports as appropriate.

**Interpreter:** A person who translates orally and/or in writing in one language to another. Interpretive services shall also include a sign language interpreter who is a person trained in translating between a spoken and signed language, and translation services and/or technology for persons with communication disabilities, deafness and/or hard of hearing. Interpretive services

shall also include other reasonable accommodations and materials for the blind, such as materials translated in Braille. Such services shall also be provided through the pre-ISP meeting, formal ISP meeting(s), and if necessary, through the DDS administrative hearing process.

**Interpretation:** the process of orally conveying the meaning of a word from the source's language into the language of the native speaker who is seeking the service(s) and vice versa. There are three different types of interpretation:

- Consecutive Interpretation: occurs when an interpreter interprets a speaker's words orally after the speaker has communicated. The interpretation process follows in a consecutive manner. First a speaker speaks in one language, pauses, and gives the interpreter a few moments to interpret their words into the target language. This entails note taking and memory. A speaker should pause after two or three sentences to allow the interpreter to render his or her meaning faithfully into the target language.
- Simultaneous Interpretation: occurs when an interpreter speaks simultaneously with the source language speaker (i.e. while the client or service provider is still speaking). This usually entails auditory equipment for the listeners of the target language. Simultaneous interpretation works best in large settings, such as for public hearings or large events.
- Sight Translation: occurs when an interpreter reads a document written in one language and translates it orally into another language.

**Intervention Strategy:** means training or a teaching procedure, a manipulation or change of environment or the provision of supports designed to teach or assist a person to achieve a goal or a specific objective. Depending on its content, an intervention strategy may also fall within the definition of a behavior modification intervention.

**Quality Outcomes:** refer to the eight quality of life areas listed below. Within each of these eight areas, the goals and any supports or strategies identified in the ISP must be consistent with and promote the following outcomes for people:

- Rights and Dignity. The person's rights are respected; the person is supported in the responsible exercise of those rights, and other supports are in place to assist, as necessary, in protecting the person's human and civil rights; the person's dignity is recognized and affirmed in the person's home and community and in the manner in which supports are provided.
- Safety and Security. The person feels safe and secure within the community and neighborhood. The person lives and works in environments that are inclusive, safe, secure, and are adapted if necessary to meet their needs, and safeguards are in place to respond to emergencies.
- Health and Wellness. The person receives health care and related services which are

- sufficient and appropriate to optimize their health and well-being;
- Choice and Decision-making. The person has opportunities and is supported to express him or herself as effectively as possible and to thereby exercise control and choice in their life, and has access to education, experiences, and supports to increase their self-determination; the person's opinions and preferences are listened to and treated seriously; the person's needs and preferences are reflected in their activities and routines.
  - Community Inclusion. The person has a home which is similar in appearance to surrounding homes, which offers safety, refuge, rest, and satisfaction to the person, and into which the person can invite friends, family, neighbors and others to whom they wish to offer hospitality; where people have many and varied opportunities to participate in and contribute to the life of their community through work and integrated social and recreational activities in culturally typical settings.
  - Relationships. The person has opportunities and support, as needed, to develop, sustain, and strengthen varied and meaningful relationships with family, friends, neighbors and co-workers.
  - Service Planning and Delivery. The person has access to the supports necessary to enable them to contribute to their family and community, be as self-reliant as possible, develop their unique talents and abilities, and achieve their personal goals; and
  - Satisfaction. The person is supported by the services and supports they receive to live a life of their choosing.

**Outcome:** Tangible results of goals that reflect the desired quality of life as defined by the person.

**Provider:** Person, agency or other legal entity with day-to-day responsibility for the operation or delivery of services or supports or facilities regulated by DDS or DOH by law or contract as outlined in the individual's ISP.

**Qualified Development Disabilities Professional (QDDP):** Individual who monitors, integrates, and coordinates, and is responsible for the development of a person's ISP in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) setting. The QDDP must have at least one year of experience working directly with people with intellectual disabilities or other developmental disabilities and is either a doctor of medicine or osteopathy or a registered nurse, or an individual who holds at least a bachelor's degree in a professional category specified in 42 C.F.R. § 483.430(b)(5). Professional program staff must be licensed, certified, or registered, as applicable, to provide professional services by the jurisdiction in which he or she practices. See also the definition for "Qualified Disabilities Development Professional" in D.C. Official Code § 7-1301.03(21).

**Screening:** Part of the assessment process that is of limited scope and intensity and designed to determine whether or not further evaluation or other intervention is indicated.

**Self-determination:** Right of persons with intellectual disabilities — like all other people — to be afforded the opportunities, support and personal authority to freely make choices and decisions about how they want to lead their lives and to have those choices and decisions respected and carried out. Fostering self-determination requires advancing the following five principles:

- a. Freedom to make choices and to choose a meaningful life in the community;
- b. Authority over a targeted amount of dollars, services and supports;
- c. Support to organize resources in ways that are life enhancing and meaningful;
- d. Responsibility for organizing resources to make the best use of the funding and to enable each individual to make contributions to their communities; and
- e. Confirmation of the important leadership role which individuals with disabilities and their families must play in newly re-designed systems and in supporting self-advocacy.

**Services:** Those funded day, vocational, residential, habilitative and/or therapeutic services delivered by an ICF/IID, HCBS waiver or Human Care Agreement provider, or through the DC Medicaid State Plan.

**Service Coordinator:** Person who facilitates and supports the person to participate in, guide, and inform the planning process. The service coordinator is designated by DDS to identify, arrange, coordinate, monitor, and to remain informed about, services or supports funded or arranged by DDS for the person, to be responsible for the development of an ISP for the person, to advocate on behalf of the person, and support the person to be an effective self-advocate.

**Supervisory Service Coordinator:** Person who coordinates and implements a comprehensive service coordination program to identify individual and systemic needs, identify formal and informal services and resources to meet those identified needs, monitor the quality of service delivery, and ensure remediation of service delivery deficits in disability services on behalf of the District of Columbia. Reviews and approves ISP's; reviews and approves monitoring tools, alerts, and action plans related to ISP's and service delivery concerns; reviews case notes for thoroughness and accuracy; resolves service delivery and health care concerns that are not fully addressed by service coordinators.

**Supports:** Those resources and services (both paid and unpaid) that promote the interests and causes of people with or without disabilities; that enable them to access resources, information, and relationships inherent in integrated work and living environments; and that result in their enhanced independence, productivity, community integration, and satisfaction.

**Support Team:** Group of people chosen by the person or substitute decision-maker, if applicable, who provide support to the person. A person may also choose a representative to represent their interests and decisions with their support team. The support team shall be freely chosen by the person and may include the Service Coordinator/QDDP, members of the person's family; friends; and representatives of service providers. At the person's or substitute decision-maker's request, the participation of any support team member may be limited to select portions of the ISP meeting. For the purposes of this policy, the use of the term "team" includes the Interdisciplinary Team (IDT) as used in 42 CFR § 483 and 22 DCMR, Chapter 35 for persons in

a regulated residential setting.

