



You have goals. You have dreams. You have ipmg.

Acronyms and Definitions

Annual Planning Documents	Documents utilized on an annual basis to coordinate an individual's services and supports, such as the Person-Centered Individualized Support Plan (PCISP) and CCB/Service Plan.
BDDS	Bureau of Developmental Disabilities Services: The division of the Family and Social Services Agency that oversees the implementation of services to Individuals with developmental disabilities.
BMGO	Behavior Management: Behavior management includes training, supervision, or assistance in appropriate expression of emotions and desires, compliance, assertiveness, acquisition of socially appropriate behaviors, and the reduction of inappropriate behaviors. Board of Directors: Board of Advisors/Senior Advisors: The role of the advisor is to direct, monitor, and support the delivery of quality case management services to Individuals served by IPMG.
BQIS	Bureau of Quality Information Services: A section of the FSSA that researches trends in service delivery, quality improvement, and best practice; analyzes quality data; and assures compliance with quality standards for the Community Integration and Habilitation and Family Supports Waivers.
CCB	Cost Comparison Budget: Details the cost of each waiver service and total cost of the Medicaid services for each person. The CCB is also referred to as the service plan. Community Integration & Habilitation Waiver: The CIH Waiver is designed to provide a wide range of supports to participants residing in a range of community settings, as an alternative to care in an intermediate care facility for individuals with intellectual disabilities. The CIH Waiver is a priority needs waiver.
CM	Case Management: Case management is defined as those services which assist Individuals who receive waiver services to gain access to needed waiver and State plan services, as well as to needed medical, social, educational, and other services, regardless of funding source for the services for which the access is gained. Case management services enable an Individual to receive a full range of appropriate services in a planned, coordinated, efficient, and effective manner.
DD	Developmental Disability: A severe, chronic disability that: 1) is attributable to a mental or physical impairment or combination of mental and physical impairments; 2) is manifested before the person attains age 22; 3) is likely to continue indefinitely; 4) results in substantial limitations in three or more of the seven areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and 5) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care treatments or services that are of lifelong or extended duration, and are individually planned and coordinated. All criteria must be met for a person to be eligible for DD services.

DDRS	Division of Disability and Rehabilitative Services: A division of FSSA that strives to inform, protect, and serve Individuals with disabilities and their families. We achieve this by helping people with disabilities maintain independence through in-home services, supported employment, independent living, nutrition, deaf and hard of hearing services, blind and visually impaired services, and social security disability eligibility.
FSSA	Family and Social Services Administration: The state agency that oversees the Indiana home and community-based Medicaid waiver program, case management, and related services in Indiana.
FSW	Family Supports Waiver: New title for the Support Services Waiver, effective 9/01/2012. Designed to provide limited, non-residential supports to persons with developmental disabilities residing with their families, or in other settings with informal supports.
HIPAA	Health Insurance Portability and Accountability Act: A federal law that protects the privacy of personal health information.
ICAP	Inventory for Client and Agency Planning. Assessment used in coordination with other tools to determine resource allocations for individuals receiving waiver services.
ICF/ID	Intermediate Care Facility for the Intellectually Disabled). A facility in which individuals with developmental disabilities live together. There is 24-hour supervision by paid staff that provides assistance and training to help residents develop daily-living skills, with programming for each individual's active treatment needs. These residences may be large, privately-operated facilities housing from 40 to 200 persons, or group homes for four to eight residents (small ICF/IDs). ICF/ID residential services are funded by Medicaid, and placements are coordinated through the Bureau of Developmental Disabilities Services.
ID	Intellectual Disability: Intellectual Disability is a disability characterized by significant limitations in both intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18.
Individual	The term 'individual' will be used to describe all persons receiving Medicaid waiver services.
IDR (formerly known as IPAS):	Indiana Disability Rights: State agency that assists people with physical, emotional, and/or mental disabilities to resolve disability-related problems with the service delivery system and access discrimination issues.
IPMG	Indiana Professional Management Group (IPMG): Indiana's preeminent statewide provider of case management services for participants in the state's Home and Community-Based Services (HCBS) Medicaid Waiver program. IPMG is dedicated to facilitating success through person-centered case management.
IR	Incident Report: Completed in State-authorized format for all reportable incidents that are any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an Individual or death of the Individual.
LOC	Level of Care: Required in order for a person to receive waiver services. LOC for CIH or Family Support Waivers requires that the Individual meet criteria for DD eligibility and require access to 24-hour care and need lifelong or extended duration aggressive program of both specialized and generic services, individually planned and coordinated by an interdisciplinary team, and intended to promote greater self-determination and functional independence.
NOA	Notice of Action: The State form used to notify a waiver applicant/recipient of any action affecting the person's Medicaid waiver benefits.
OBA	Objective-based Allocation: A set amount of money available to individuals on the CIH waiver based upon a variety of factors including individuals' needs and living situation.

PCISP	Person-Centered Individual Support Plan: A plan that establishes supports and strategies, based upon the person-centered planning process, intended to accomplish the Individual's long- and short-term outcomes by accommodating the financial and human resources offered to the Individual through paid provider services or volunteer services, or both, as designed and agreed upon by the Individual's support team. (460 IAC 6-3-32)
QDDP or QIDP	Qualified Developmental Disability Professional (also referred to as QIDP / Qualified Intellectual Disability Professional): The minimum requirements for this credential are a college degree and one year of experience working within the developmental disability sector.
RFA	Request for Approval (Home Modifications): State-authorized process to approve specialized medical equipment or environmental modifications through the Medicaid waiver. Service Plan: (Also known as the CCB): Details the cost of each waiver service and total cost of the Medicaid services for each person.
VR	Vocational Rehabilitation: Provides employment services and funding needed by eligible individuals with disabilities to prepare for, enter, engage in, and retain employment.