

## ICF/MR Glossary

### Mental Retardation (AAMR)(1983)\*\*

An individual is determined to have mental retardation based on the following three criteria: intellectual functioning level (IQ) is below 70-75; significant limitations exist in two or more adaptive skill areas; and the condition is present from childhood (defined as age 18 or less).

### Intermediate Care Facility for Persons with Mental Retardation (1905(d) of the SSA)

(d) ...means an institution (or distinct part thereof) for the mentally retarded or persons with related conditions if --

1. the primary purpose of such institution (or distinct part thereof) is to provide health or rehabilitative services mentally retarded individuals and the institution meets such standards as may be prescribed by the Secretary;
2. the mentally retarded individual with respect to whom a request for payment is made under a plan approved under this title is receiving active treatment under such a program; and
3. in the case of a public institution, the State or political subdivision responsible for the operation of such institution has agreed that the non-Federal expenditures in any calendar quarter prior to January 1, 1975, with respect to services furnished to patients in such institution (or distinct part thereof) in the State will not, because of payments made under this title, be reduced below the average amount expended for such services in such institution in the four quarters immediately preceding the quarter in which the State in which such institution is located elected to make such services available under its plan approved under this title.

### Intermediate Care Facility for Persons with Mental Retardation (42 CFR 435.1009)

Institution for persons with mental retardation means an institution (or distinct part of an institution) that --

1. Is primarily for the diagnosis, treatment, or rehabilitation of the mentally retarded or persons with related conditions; and

2. Provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his greatest ability.

#### Institution (42 CFR 435.1009)

Institution means an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor.

#### Persons with related conditions (42 CFR 435.1009)

Persons with related conditions relates to individuals who have a severe, chronic disability that meets all of the following conditions:

- (a) it is attributable to, (1) cerebral palsy or epilepsy or (2) any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded and requires treatment or services similar to those required for these persons, (b) it is manifested before the person reaches the age of 22, (c) it is likely to continue indefinitely (d) results in substantial functional limitations in three or more of the following areas of major life activities: (1) self care; (2) understanding and use of language; (3) learning; (4) mobility; (5) self direction; (6) capacity for independent living.

#### Developmental Disability (P.L. 101-496)

A severe, chronic disability of a person 5 years of age or older which:

- (a) Is attributable to a mental or physical impairment or is a combination of mental and physical impairments; (b) Is manifested before the person attains age twenty-two; (c) Results in substantial functional limitations in three or more of the following areas of major life activity: (i) self care; (ii) receptive and expressed language; (iii) learning; (iv) mobility; (v) self direction; (vi) capacity for independent living; and (vii) economic self sufficiency; and (e) reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services which are lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young

children (meaning individuals from birth to age 5, inclusive), who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

### Active Treatment (42 CFR 483.440(a))

Refers to aggressive, consistent implementation of a program of specialized and generic training, treatment and health services. Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program.

### Components of Active Treatment:

A. Comprehensive Functional Assessment (CFR42 CFR 483.440(c)(3)). The individual's interdisciplinary team must produce accurate, comprehensive functional assessment data, within 30 days after admission, that identify all of the individual's:

- Specific developmental strengths, including individual preferences;
- Specific functional and adaptive social skills the individual needs to acquire;
- Presenting disabilities and when possible their causes; and
- Need for services without regard to their availability.

B. Individual Program Plan (IPP) (42 CFR 483.440(c)). The interdisciplinary team must prepare an IPP which includes opportunities for individual choice and self management and identifies: the discrete, measurable, criteria based objectives the individual is to achieve; and the specific individualized program of specialized and generic strategies, supports and techniques to be employed. The IPP must be directed toward the acquisition of the behaviors necessary for the individual to function with as much self-determination and independence as possible and the prevention or deceleration of regression or loss of current optimal functional status.

C. Program Implementation (42 CFR 483.440(d)). Each individual must receive a continuous active treatment program consisting of needed interventions and services in sufficient intensity and frequency to support the achievement of IPP objectives.

D. Program Documentation (42 CFR 483.440(e)). Accurate, systematic, behaviorally stated data about the individual's performance toward meeting the criteria stated in IPP objectives serves as the basis for necessary change and revision to the program.

E. Program Monitoring and Change (42 CFR 483.440(f)). At least annually, the comprehensive functional assessment of each individual is reviewed by the interdisciplinary team for its relevancy and updated, as needed. The IPP is revised as appropriate.

Interdisciplinary Team (AHCA)\*\* - A group of professionals, paraprofessionals and non-professionals who possess the knowledge, skill and expertise necessary to accurately identify the comprehensive array of the individual's needs and design appropriate services and specialized programs responsive to those needs.

Patient (42 CFR 435.1009)- An individual who is receiving needed professional services that are directed by a licensed practitioner of the healing arts toward maintenance, improvement or protection of health or lessening of illness, disability or pain.

Community Integration (The Council)\* - refers to arrangements that enable individuals to live, work, learn and play side by side in the community with people who do not have disabilities.

Normalization (The Council)\* - refers to making the commonly accepted patterns and conditions of everyday life available to people with developmental disabilities.

Support Services (The Council)\* - are those physical and social modifications or interventions which assist the individual in functioning in and adapting to physical and social environments.

QMRP (42 CFR 483.430)\*\*\*\*Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional who (1) has at least one year of experience working directly with persons with mental retardation or other developmental disabilities; and (2) is one of the following: (i) a doctor of medicine or osteopathy; (ii) a registered nurse; (iii) an individual who holds at least a bachelor's degree in a professional category specified in paragraph (b)(5) of section 483.430.

Assessment (The Council)\*-refers to the process of identifying an individual's specific strengths, developmental needs and need for services. This should include identification of the individual's present developmental level and health status and where possible, the cause of the disability; the expressed needs and desires of the individual and his or her family; and the environmental conditions that would facilitate or impede the individual's growth, development and performance. Behavior Management ( 42 CFR 483.450) - Policies and procedures that:

1. promote the growth, development and independence of the client;
2. address the extent to which client choice will be accommodated in daily decision- making, emphasizing self-determination and self-management, to the extent possible;
3. specify client conduct to be allowed or not allowed; and
4. be available to all staff, clients parents of minor children and legal guardians.

\*Quality and Leadership in Supports for People with Disabilities (The Council)

\*\* American Association Mental Retardation (AAMR)

\*\*\* American Health Care Association (ACHA)

\*\*\*\*Qualified Mental Retardation Professional