

Strengthening Quality Systems Through Person-Centered Approaches

Spring Training Webinar

June 2026



Best People. Best Solutions. Best Results.®

Introductions

- Trainers:
 - ❖ Program Director - Theresa Skidmore
 - ❖ Regional Manager - Training and Education Lead – Charlene Henry
- Qlarant staff facilitating Teams Chat/Q & A
 - ❖ Kristin Allen
 - ❖ Robyn Turlakis
 - ❖ Christie Gentry
 - ❖ Janet Tynes

Housekeeping

- Registration
 - Certificates – Email with certificate will come after the training from:
Qlarant-Florida noreply@Corsizio.com
 - You must be signed in as an attendee for the entire training to receive a certificate
- Questions – Use the chat... please help us out by writing Question...
- Evaluations

Session Purpose

- Overview of Provider Discovery Review (PDR) basics
- Go over resources to assist you and where to find them
- Share how to further promote Person Centered Practices in service planning, delivery and documentation
- Discuss upcoming changes in review tools and processes

Our Partners

- Agency for Health Care Administration (AHCA)
 - Nadraka Moore – Contract Manager
- Agency for Persons with Disabilities (APD)
 - Meghan Torres – Bureau Chief of Quality and Program Effectiveness
 - Sean Buchanan – Assistant Director of Quality & Accountability

Qlarant Process

- Centers for Medicaid & Medicare (CMS) requires AHCA to have a formal, comprehensive system in place to ensure the assurances and other requirements in the approved waiver are met; Qlarant completes the “Discovery” portion of this system.
- Standards & Requirements are taken directly from Medicaid Waiver Coverage and Limitations Handbook
- Transparency – All Tools, Policies and Procedures posted to our website
- Review processes include feedback from persons receiving services, documentation, provider input & observation

It is not just Qlarant...

- Providers rendering service under the iBudget Waiver could be subject to review, documentation requests from other entities.
 - APD State/ Regional Offices
 - AHCA - Medicaid Program Integrity (MPI)
 - Office of the Attorney General - Medicaid Fraud Control Unit (MFCU)
 - Centers for Medicaid/Medicare (CMS)
 - Medical Necessity

Provider is eligible for a PDR Review for each Region they render any of the following services in:

- Behavior Analysis
- Behavior Assistant
- CDC+ Consultant
- CDC+ Representative
- Life Skills Development 1
- Life Skills Development 2
- Life Skills Development 3
- Life Skills Development 4
- Personal Supports
- Residential Habilitation
 - Standard
 - Behavior Focus
 - Intensive Behavior
 - Enhanced Intensive Behavior
- Respite Care (Under 21)
- Special Medical Home Care
- Support Coordination
- Supported Living Coaching

Provider Discovery Review Tools

- Administrative
 - General Administrative
 - Qualifications & Training
- Service Specific Tools
 - Standard
 - Protocol
 - Not Met Reasons
- (B) after a NM Reason means it's a Potential Billing Discrepancy if scored out
- (A) after a NM Reason means it's an Alert if scored out

Tips for a Positive Qlarant Review

- ✓ Prepare all year long not just when you first get your letter or a phone call to schedule
- ✓ Study the Handbook and read requirements for services you provide
- ✓ Most current iBudget Handbook: [May 2023](#) – Find it here:
- ✓ Review Qlarant tools found at <https://florida qlarant.com/>
- ✓ Checklists

Person Centered Framework

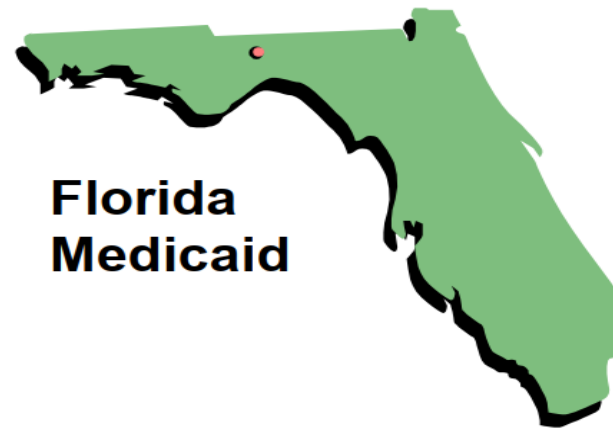
HCBS Settings Rule

- Finalized by CMS in 2014 - States were required to demonstrate compliance by March 17, 2023
- Rule was established to Ensure people receiving long-term services and supports through Medicaid home and community based (HCBS) programs have full access to the benefits of community living and applies to all HCBS service settings, residential and day.
 - Requires that Medicaid-funded home and community-based services (HCBS) are delivered in fully integrated settings, ensuring individuals with disabilities have **community access, privacy, and autonomy**.
 - It mandates **person-centered planning**, and legal protections for individuals receiving services.

Six Standards of HCBS

- Community Integration
- Choice
- Privacy
- Autonomy
- Dignity
- Person-Centered Planning

Person Centered Planning Definition



**Florida
Medicaid**

**DEVELOPMENTAL DISABILITIES
INDIVIDUAL BUDGETING WAIVER SERVICES
COVERAGE AND LIMITATIONS HANDBOOK**

Agency for Health Care Administration
May 2023



A planning approach based on the recipient's perspective rather than that of a program or resource used to identify the services and supports necessary to meet the recipient's needs involving the recipient and significant people in the recipient's life. The most important goals and outcomes are identified as well as the supports needed to achieve them.

(DD iBudget Waiver Handbook May 2023, page 1-8)

Person Centered definitions from the experts

“Person-Centered Planning is a process of learning how a person wants to live and then describing what needs to be done to help the person move toward that life.”

(Michael Smull and Helen Sanderson 2005)

“To be person centered is to put the person in the middle of our thinking and get to know the person in fresh and vital ways that set the pattern for everything else we do in partnership with that person.”

(Beth Mount 2011)



How is this relevant to my Qlarant Review?

Key Features of Qlarant Tools

- Many standards in our tools look at Person-Centered planning efforts, goal development and progress:
 - Support Plans
 - Implementation Plans / Behavior Plans
 - Monthly/Quarterly Summaries
 - Service Logs
 - Progress Notes
 - Annual Reports

Key Features of Qlarant Tools

- How Standards connect to Person Centered Practices:
 - Learning about the person in an area (information gathering)
 - List preferences and needs discovered
 - Figuring out how to meet those needs/preferences (planning)
 - Meeting their needs in an individualized way using ideas from the planning phase (service delivery)
 - Documenting what you did and how things went (documentation)

Person Centered Standards

Throughout several service tools

- Documenting ongoing efforts.....
 - Rights Education
 - Choices & Preferences
 - Physical, Behavior & Emotional Health
 - Safety

Person Centered Services: Support that Matters

Person Centered Services – Support that Matters

- Quality of life is defined by the individual who lives it.
- Nothing about me without me.
- Support individuals with dignity and empower them.
- Commit to a culture of person-centered practices.

Adapted from the Principles of Person-Centered Practices

Quality of life is defined by the individual who lives it

Each person is an authority on himself or herself

Talk with the person or use tools to learn their definition of a quality life

Ask lots of questions to make sure you understand

Nothing about me without me

Planning services for the Support Plan including the meeting

Continuous assessment of satisfaction

Development of and changes in services, supports, staff and the Support Plan

Communication – Conversations With and Without Words

Through conversations, we help people discover, identify and share:

- What is Important TO them and what is Important FOR them.
- Their preferences and how they want to be treated, supported, and interacted with.
- Their gifts, talents, assets, dreams, preferred future, and desired and needed supports.
- Identify how the individual “says” yes or no using body language.
- Enlist staff or others who know the individual best to support communication.
- When others share information, ask the individual, “Is that what you would choose?” Like? Prefer?
- Make educated guesses to verify the individual’s meaning and watch for a further response.

Support individuals with dignity and empower them

Transfer control to individuals in all things possible

Don't try to "fix" anyone; support them

Listen, listen, listen...learn, learn, learn

Commit to a culture of person-centered practices

Staff training and policies that reflect the culture and empower staff

Job descriptions customized to people or a home

Commitment to matching staff with the person

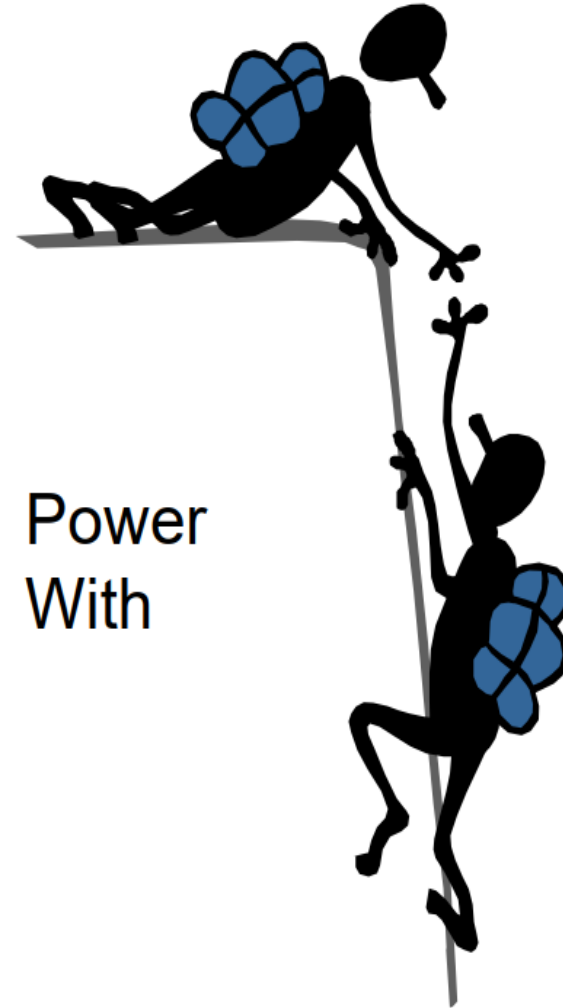
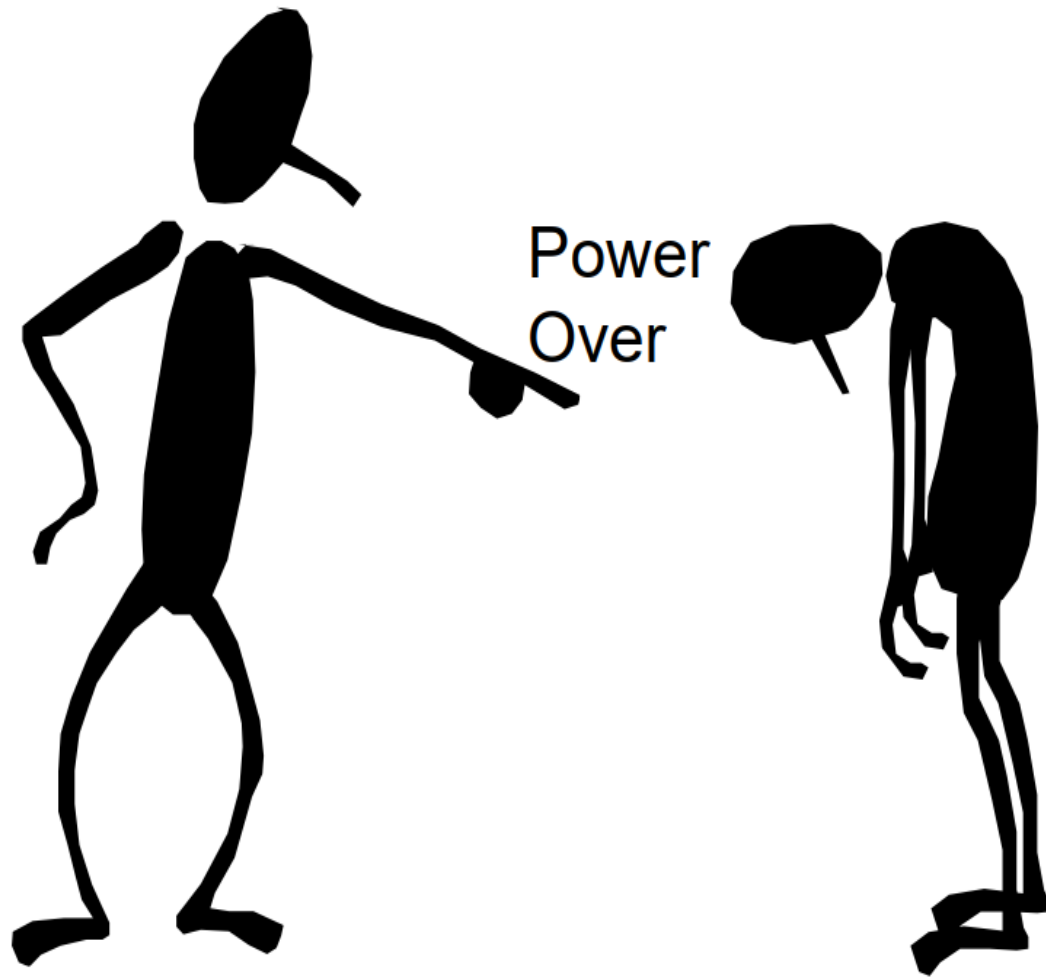
People First Language

- **ALWAYS use People First Language**
- The word “person” or “people” is the first word in a phrase.
 - people* with disabilities
 - people* who use wheelchairs
 - people* who communicate using body language

Kathie Snow

It's About Respect

- Refrain from terms like:
 - Non-verbal, low functioning, he's a runner, scratcher,
 - Non-compliant
- Never use the collective “we”.
 - How are *we* doing today?
- Refrain from power terms like:
 - We allow our individuals to...
 - **My** consumer



Power Over versus Power With

- A “Power Over” staff retains power, and:

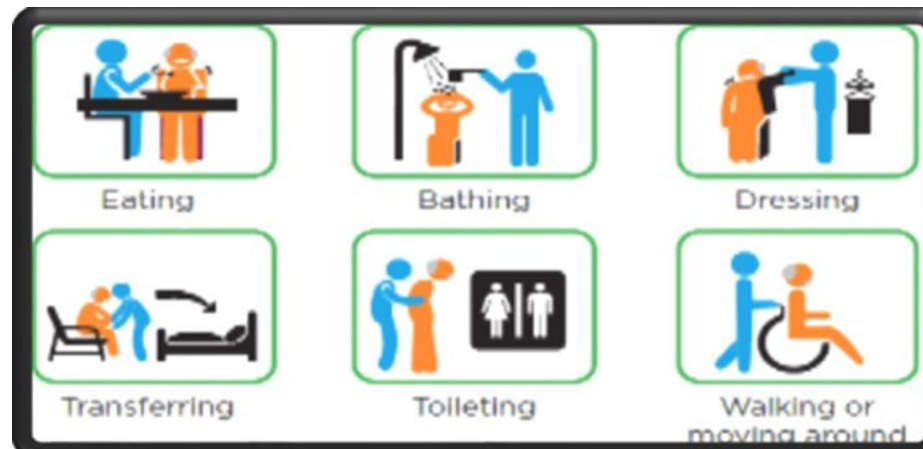
Interacts as a monitor, parent, boss. Supervises, gives directives, requires individuals to do as they are told. Manages individuals with directives.

Interacts as a caretaker, caregiver, custodian. Does everything for individuals, robbing them of opportunities to do for themselves.

- A “Power With” staff shares power, and:

Interacts as a peer, a team member, a cohort, a teacher or coach. Empowers individuals to contribute, make decisions, be a part of the team. Guides and teaches with support, not directives.

Power Use in Daily Life



Power Over	Power With
<ul style="list-style-type: none"> • Gives directives • Decides what is to be done • Says, “Eat your dinner” • Monitors, supervises • Makes decisions • Does things for the individual • Jumps in to help too soon 	<ul style="list-style-type: none"> -Asks questions -Asks what we should do next -Says, “Dinner is ready” -Interacts, shows interest -Offers options -Offers help and coaching -Waits to see if help is wanted/needed

Person Centered Services – Power Takeaways

- Ask individuals what they want, listen and follow through
- Respect – communication and actions
- Check in often to assess satisfaction
- Be mindful of your habits: Power Over vs Power With

Person Centered Planning & Goals:

Person Centered Planning



Person-Centered Planning

- Has been around a long time
- Works for everyone, regardless of the amount of support needed
- Has many versions and systems but all have the same principles in common.
- Some formal systems are:
 - PATH (Planning Alternative Tomorrows with Hope)
 - MAP (Making Action Plans)
 - Essential Lifestyle Planning

Best Practices for Person-Centered Planning

- The planning process...
 - Individual driven
- The planning meeting...
 - Convenient location for and chosen by the person
 - Conducted in plain language
 - Materials are accessible
- The Support Plan...
 - Includes goals important to the individual
 - Includes people chosen by the individual
 - Accounts for cultural and communication style considerations
 - Provides essential information and support to assist the individual to lead the process

Person Centered Planning – Information Gathering

- Face-to-face meetings
- Other conversations
- Observations
- Documentation Review

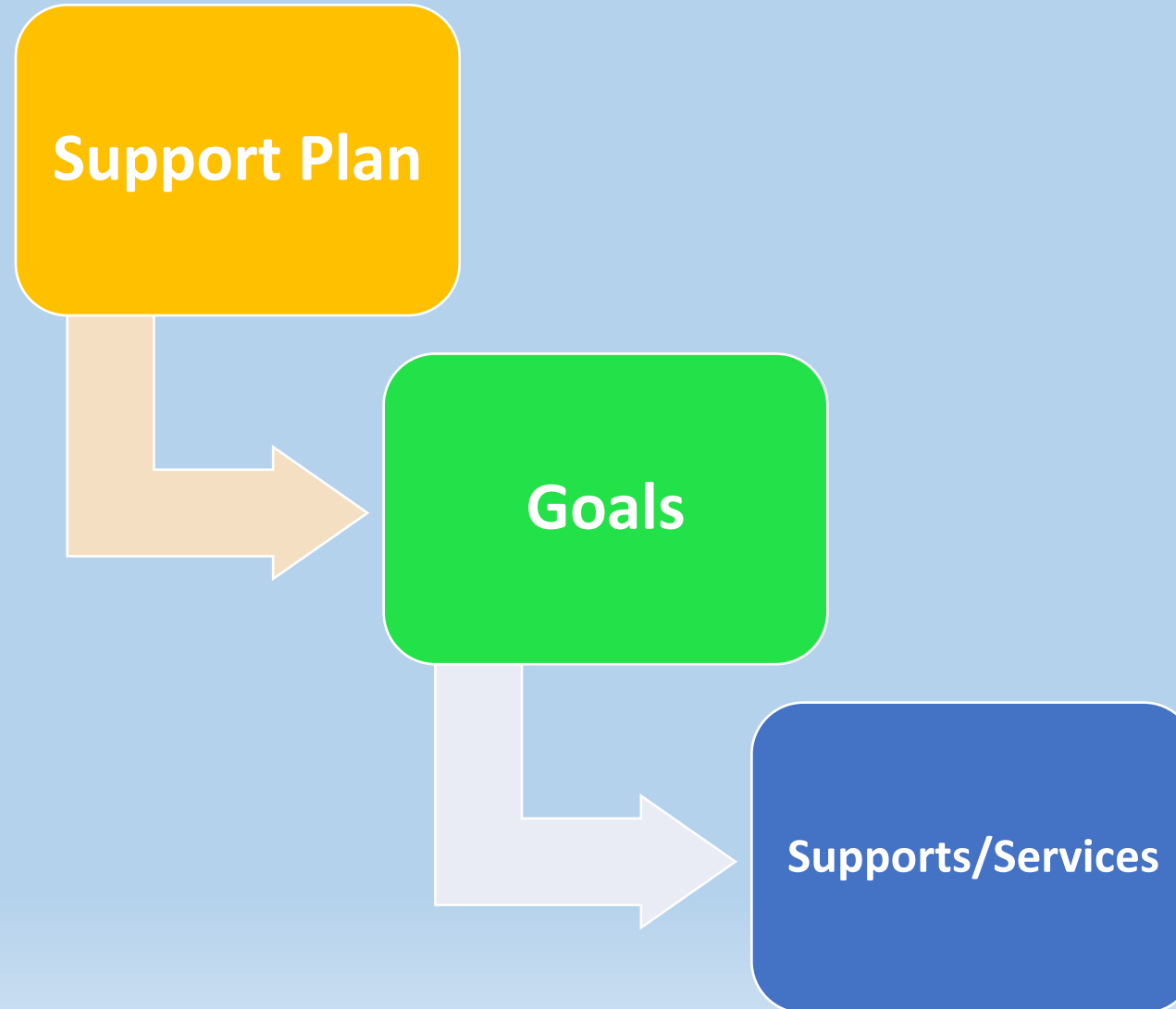


Person Centered Planning – Collaboration

- Organize
 - Important TO (relationships, preferences and hobbies)
 - Important FOR (health and safety, essential supports)
- Prioritize
 - Assist the person to decide from the organized categories what is “top of the list” to them
 - Consider creating a running list to come back to for future planning
 - Discuss strengths, capabilities and skills that can be built upon



Person Centered Planning...Outcomes/Goals



Person Centered Planning...Outcomes/Goals

- Helps the individual drive how supports and services are delivered by focusing on their wants and needs
- When people choose their own goals, it has a widespread impact on their quality of life
- Council on Quality & Leadership (CQL) study done between 2020 -2024 found that about 54.0% of people chose their personal goals
- This means the other half had goals they did not choose and likely had no interest in

Goal Setting Overload – How Many Goals Are Too Many?

- “Sweet Spot” varies by the person, but general range is 1-3.
- Huge list of goals and aspirations to fulfill in a year sounds exciting but may be too much in real life.
- Take the time with the individual to set goals in such a way that is not overwhelming.
- “Ultimate” goal is for the individual to accomplish what they want to achieve.

Writing Goals

- Avoid being too broad or vague
- Make sure goals are related to specific interests
- Do not write goals for a service or provider
- Make sure goals reflect the desired outcome

Broad Goals

“Katie will do better at work.”

“Chris wants to be healthier.”

“Cathy will get organized.”

Goal related to an interest

- XXXX does not like to take a shower. He needs reminders from staff to complete this daily task.
- Instead of a goal about him wanting to learn independence in hygiene which is something he is not interested in, the goal was "**XXXX wants to have a girlfriend**" which was really what he wants.
- Supports listed for the goal were to remind him of his desire to meet someone and encourage him to focus on his hygiene so he can find a girlfriend.

Goal not related to an interest

- XXXX really likes the water and being in the bath or pool.
- The goal for this person was "**XXXX will be encouraged to wash his hands**".
- This goal is focused on what is **important for** him and not **to** him.
- He cares about having fun in the water, not necessarily just washing his hands.

Goals related to a service

“Jill wants companion services”.

“Jack would like a job coach”.

“Tom wants to go to a day program.”

Adjusting the Approach vs Changing the Goal

Adjust	Change
Ineffective methods	Disinterest
Goal requires more resources than anticipated	Goal no longer fits the person's life
Unexpected obstacles arise	Constant lack of progress

"A bend in the road is not the end of the road... unless you fail to make the turn" [Unknown]

Person Centered Planning – Power Takeaways

- Individual
 - Preplanning
 - Support Plan Meeting
 - Selecting Services & Providers
- Support Plan Goal(s)
 - Areas of interest
 - Health & Safety
- Handbook
 - Be familiar with the service

Person Centered Documentation: Reflecting Lives Not Tasks



Why Documentation is Not Always Person-Centered

- Not sure about what person-centered supports look like in written communication.
- Not being aware of how details about the individual's response are important.
- Not feeling confident about writing skills, grammar, spelling, etc..
- Not having sufficient time to document.



Documentation Content to Avoid

- Repeating the same events the same way every day:

Instead of:

- *Day 1: Put away belongings, sat with group, worked on skills, ate lunch, went home.*
- *Day 2: Put away belongings, sat with group, worked on skills, ate lunch, went home.*

Try saying:

- *Day 1: John put his items away and sat with his best friend. Today they worked on calling 911; he had pizza for lunch and then went home.*
- *Day 2: John put his items away. His friend was not there so he sat by someone new. Today they worked on crafts and John got bored. He was happy when it was time to go home.*

Documentation Content to Avoid

- Failing to use People First Language:
 - *Instead of using words like, allowed, consumer, compliant*
 - *Use words like, supported, person's actual name, agreeable*
- Not providing details on how a person responded to an activity or event:
 - *Instead of: Linda had fun today.*
 - *Try saying: Linda went to the park today, was laughing and enjoyed petting dogs she saw.*
- Not providing details on how staff “assisted”:
 - *Instead of: Staff assisted consumer with going for a walk.*
 - *Try saying: John and I went for a walk downtown. I held his arm when we were crossing the street and going up and down the curbs.*

A good note describes the activity so an unfamiliar reader can see the activity in their mind's eye.



What to document

- **Person's response:**
 - Like or dislike of the activity
 - Emotions displayed

- **New things learned about the person:**
 - Preferences expressed...try to include a quote
 - Choices/opportunities offered and chosen

What to document

- **Progress demonstrated by the person:**
 - Things they did well
 - How much help and what kind of help you gave
 - What part of the task did you help them on
 - State if the person demonstrated progress or not and how you know that
 - What you need to do differently next time

What to document

- **Person Who Does Not Communicate Using Words**
 - Know the person's "yes" and "no"
 - If unsure how to read the yes/no, start with a known "like" or "yes"
 - Describe in detail the person's facial expressions and/or body language in response to the action/question, etc.
 - Include trial and error opportunities to verify what the person is communicating
 - Document any new communication observed from the person
 - Be patient and wait for a response

Improving the Quality of Documentation – Power Takeaways

- Person-centered notes need to focus on people, not their diagnoses and treatment. Notes should reflect a “support focus” instead of a “caregiver focus”.
- Capture person’s response, new things learned and progress
- Always use respectful, people first language in all aspects of service delivery.

Improving the Quality of Documentation – Power Takeaways

- Identify staff within the organization who write good progress notes and designate them peer mentors.
- Use staff meetings as a forum to review and critique a few progress notes to keep the importance of person-centered documentation “high on the list.”



Remember, you are documenting *my* story!



Qlarant Updates

Review Tools, Process Changes & Deemed Status effective July 1, 2026

CDC Representative Tool Updates

Standards renumbered starting with addition of the Background Screening standard for CDC Reps.

- **NEW** Standard #7 - The CDC+ Representative has completed all aspects of required Level II background screening. (Self Reps do not have to be screened).
- Standard #8 (formerly #7) - Background screening results for all Directly Hired Employees (DHE's) who render direct care are available for review.
 - 2 NEW Not Met Reasons added:
 - Certification of Good Moral Character was present but was not dated by employee.
 - Current APD CDC background screening results from the Agency for Health Care Administration Background Screening Clearinghouse Results Website was not present at the time of the review. (A)

CDC Representative Tool Updates

- Standard #9 (formerly #8) - Background screening results for all Independent Contractors who render direct care are available for review.
 - 2 NEW Not Met Reasons Added:
 - Certification of Good Moral Character was present but was not dated by Independent Contractor.
 - Background screening results from the Agency for Health Care Administration Background Screening Clearinghouse Results Website did not show status as APD CDC Eligible. (A)

CDC Representative Tool Updates

- Standard #10 (formerly #9) - The CDC+ Representative maintains an Employee/Contractor Roster within the Agency for Health Care Administration Background Screening Clearinghouse Results Website.
 - CDC Rep must be on the Roster (captured under existing Not Met reasons).

Life Skills Development 3 & 4 Tool Updates

Standard #1 - The provider maintains Daily Attendance Logs covering services provided and billed during the period under review

- 2 NEW Not Met Reasons added:
 - Provider documentation demonstrated the provider billed the monthly rate when less than 80 hours of service were rendered. (B)
 - Provider documentation demonstrated the provider billed by the hour when 80 hours or more of service were rendered. (B)

Life Skills Development 3 & 4 Tool Updates

- **Standard 12 (formerly #13) - Provider bills for services after services are rendered.**

Changes made to Not Met reasons:

- Provider billed the monthly rate prior to the person being present at least 80 hours one or more months during the period under review.
- Provider billed the hourly rate prior to rendering services on one or more dates during the period under review.

Duplicate Notes – NEW Standard

Service Logs document service delivery that is varied, unique and person centered. (Progress Notes for SLC)

- Added to the following Service Specific Record Review tools:
 - Behavior Analysis, Behavior Assistant, LSD1, LSD2, LSD3, Personal Supports, Respite and Supported Living Coaching.

Coming Soon: Updated Observation Tool

- Separate tools for:
 - Residential Settings (group homes, assisted living, foster homes)
 - Adult Day Programs
- Tool setup will mirror all other Qlarant Tools
 - Standard
 - Protocol
 - Not Met Reasons

(A) after a NM Reason means it's an Alert if scored out

iConnect Grace Period

APD is still waiting on some final language before giving any official guidance on extension of iConnect Grace Period.

Qlarant anticipates the following flexibilities will continue but official guidance is still pending:

- QARs will review and accept any documentation found in iConnect and/or submitted on paper or electronically outside of iConnect.
- Except for the Person-Centered Support Plan (PCSP) and the Medicaid Waiver Eligibility Worksheet (MWEW) the QAR will accept forms created by providers even if they are not the iConnect forms.
- It is the Provider's responsibility to ensure forms they create include all required components.
- Ultimately it is the responsibility of the provider to present documentation to support the standard in whatever format they choose.

Qlarant Review Process Changes Effective July 1

Desk and Onsite Criteria:

- **Service Providers** – No Changes
 - Desk Review if:
 - Scored 85% or higher on previous Qlarant review
 - Onsite Review if:
 - New Provider – never been reviewed before
 - Scored less than 85% on previous Qlarant review
 - Provider can request switch from Desk to Onsite if preferred – must be requested before review starts
 - To change from an Onsite to a Desk, must have compelling reason and QAR needs approval from AHCA Contract Manager

Qlarant Review Process Changes Effective July 1

Desk and Onsite Criteria:

- **CDC Representatives – No Change**
 - Reps choose which they prefer, decision made prior to start of review
- **Qualified Organizations – NEW**
 - All Qualified Organizations will be scheduled for a Desk Review
 - QO's can request onsite if they prefer

Qlarant Review Process Changes Effective July 1

Service Providers:

- Time frame for submitting documents for a Desk review changing from 14 calendar days to 7 calendar days.
- For Onsite QAR will share names sampled 7 calendar days before coming onsite instead of 14.
- In addition - there will no longer be an additional five-hour submission period.
 - You are responsible for submitting **everything** required within 7-day window
 - If using iConnect QAR will review documentation already in iConnect plus anything entered/uploaded within the 7-day window
 - For Desk Reviews, nothing submitted, entered or uploaded into iConnect will be accepted after the 7 days
 - For Onsite, names are shared 7 days before coming onsite, nothing accepted once review is complete and QAR leaves

Qlarant Review Process Changes Effective July 1

Qualified Organizations:

- Time frame for submitting documentation for review will remain at 14 days, due to size of QO's and need to coordinate and schedule Person Centered Review Interviews
- However- there will no longer be an additional five-hour submission period.
 - You are responsible for submitting **everything** required within 14-day window
 - If using iConnect QAR will review documentation already in iConnect plus anything entered/uploaded within the 14-day window
 - Nothing submitted, entered or uploaded into iConnect will be accepted after the 14 days

Qlarant Review Process Changes Effective July 1

One Exception

- For Qualified Organizations and Service Providers receiving a **Desk Review**
 - If there are any Alerts related to missing documentation, you will be given 1 hour to submit documentation.
 - For example, you forgot to submit a Local Law Screening for an employee, you have it and **date shows it was done/current prior to review start date**, you will be given 1 hour to submit. Nothing will be accepted after the hour is up.
 - One additional hour is not given for an Onsite... reviewer is asking for missing documentation as they go along.

Qlarant Review Process Changes Effective July 1

CDC Reps:

- Time frame for submitting documents for a Desk review changing from 14 calendar days to 7 calendar days.
- Reps will continue to be given a list of anything QAR could not locate and an additional 24 hours to submit.

Qlarant's Operational Policy and Procedure Manual will be updated and posted to website in coming weeks detailing entire review process for all provider types.

Deemed Status – What is it?

- Service Providers reviewed in a Qlarant Contract year who meet certain criteria are eligible to be skipped (not be reviewed) the next Contract year.
- Deemed Status criteria can change and is defined each year by AHCA and APD prior to the start of a new Qlarant contract year.
- Deemed Status is at the discretion of AHCA and APD, these agencies can request a provider review be completed regardless of deemed status.
- If during the course of other review activities (e.g. PCR), an Alert is issued for a currently deemed provider that provider loses deemed status.
- Deemed Status is by Region, not State.

Deemed Status Criteria Effective July 1, 2026

Service Providers reviewed July 1, 2025 - June 30, 2026, will be deemed for contract year beginning July 1, 2026, if they meet the following criteria:

- ✓ Overall PDR score of 90.0% or higher and
- ✓ No alerts and
- ✓ No potential billing discrepancies, or discrepancies totaling less than 5.0% of claims reviewed
- ✓ AHCA and APD approve

Modified Deemed Status Criteria Effective July 1, 2026

Qualified Organizations reviewed July 1, 2025 - June 30, 2026, will be deemed (1 PCR for each WSC instead of 2) for contract year beginning July 1, 2026, if they meet the following criteria:

- ✓ Overall PDR score of 97.0% or higher and
- ✓ No alerts and
- ✓ No potential billing discrepancies, or discrepancies totaling less than 5.0% of claims reviewed
- ✓ AHCA and APD approve

Questions



Final Reminders

- Power Point will be posted to Qlarant Website after the last training date of June 23, 2026
- Please complete our feedback survey. A link to complete an electronic survey will be sent out via Corsizio (program used for training registration)

Florida Statewide Quality Assurance Program

Customer Service Representative:

Email: FSQAPcustomerservice@qlarant.com

Phone Number: 1 (866) 254-2075

Secure Fax Number: 1 (888) 877-5526

Where to find the tools:

<https://florida.qlarant.com/>

Sign up for e-notifications

Resources & References

- Qlarant website - <https://florida.qlarant.com/>
 - Review Tools & Checklists
 - FSQAP Training Center
 - Discovery Review Resources
- APD Website - <https://apd.myflorida.com/>
 - Provider Advisories
 - TRAIN Florida
- AHCA Website - <https://ahca.myflorida.com/>
 - Handbook

Resources & References

- <https://apd.myflorida.com/waiver/docs/Person-Centered%20Support%20Plan%20Manual%20Final%2011042021.pdf>
- Medicaid.gov website, Home & Community Based Services page, HCBS Final Regulations, Fact Sheets, Settings that Isolate, and Transition Plan Compliance toolkit:
<http://www.medicaid.gov/HCBS>
- <https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-training-series>

Resources & References

- Brien, C. L. O., O'Brien, J., & Mount, B. (1997). Person-centered planning has arrived or has it? *Mental Retardation*, 35(6), 480-484. [https://doi.org/10.1352/0047-6765\(1997\)035<0480:PPHAOH>2.0.CO;2](https://doi.org/10.1352/0047-6765(1997)035<0480:PPHAOH>2.0.CO;2)
- Friedman, C. (2026). Person-centered: The impact of people with IDD choosing their goals on their quality of life outcomes. *Journal of Developmental and Physical Disabilities*, advanced online publication. <https://doi.org/10.1007/s10882-025-10048-2>
- <https://www.c-q-l.org/resources/articles/choosing-goals-is-extremely-beneficial-so-why-arent-people-allowed-to-choose/>

Resources & References

- The Learning Community for Person-Centered Practices <https://tlcpcp.com/>
- Beth Mount, Make a Difference: A Guidebook for Person Centered Direct Support. Inclusion Press. Inclusion Press, 2005 www.bethmount.org/
- Kathie Snow articles on People First Language - <https://www.disabilityisnatural.com/people-first-language.html>

Thank You