

President Marks ADA Anniversary



As his Cabinet Secretaries look on, President Barack Obama signs Executive Order increasing federal employment of individuals with disabilities, during an event commemorating the 20th anniversary of the Americans with Disabilities Act on the South Lawn of the White House. July 26, 2010.

ANCOR CEO Renee Pietrangelo and Government Relations staff Suellen Galbraith and Jessica Sadowsky were invited to attend the White House event honoring the 20th Anniversary of the signing of the Americans with Disabilities Act on July 26th. This exciting celebration highlighted the events and people that led to the drafting, passage, and signing of this landmark civil rights legislation.

Luminaries such as Marlee Matlin and Patti LaBelle commemorated the importance of the ADA through stories and music. President Obama culminated the celebration of this historic and landmark civil rights law by signing an Executive Order that will make the



President Obama on White House Lawn, July 26, 2010.

government a model employer for people with disabilities. (Read the complete remarks [here](#).) He also announced the release of two new rules on the ADA that had not been updated since 1991, explaining that the rules will cover “more than 80,000 state and local government entities, and 7 million private businesses.”

Obama said, “... we’ve finally broken down one discriminatory barrier that the ADA left in place. Because for too long, our health care system denied coverage to tens of mil-

lions of Americans with pre-existing conditions - including Americans with disabilities. It was time to change that. And we did. Yes, we did. So the Affordable Care Act I signed into law four months ago will give every American more control over their health care -- and it will do more to give Americans with disabilities control over their own lives than any legislation since the ADA.”

The President closed by stating, “Life, liberty, the pursuit of happiness. Words that began our never-ending journey to form a more perfect union. To look out for one another. To advance opportunity and prosperity for all of our people. To constantly expand the meaning of life,



Senator Tom Harkin (D-Iowa)—an original sponsor of the ADA—looks on at one of the several panels he assembled for a July 26th briefing on the ADA.

liberty, the pursuit of happiness. To move America forward. [T]hat’s what we did with the ADA. That is what we do today. And that’s what we’re going to do tomorrow -- together.”

Inside this Issue of LINKS:

CMS Guidance on HCBS Medicaid Option, p. 6

Celebrating the Right to Community Services, p. 10.

NCD Summit Report, p. 13

ANCOR Anniversary Specials, p. 16, 19, 22,

P-Card Users Reap Windfall Savings, p. 24

CEO Perspective

Much to Be Proud Of



Renée Pietrangelo

At the recent Reinventing Quality Conference, August 9-10, ANCOR was recognized and praised in several sessions for its leadership in support of the direct support workforce. At the same conference, the four recipients of the National Alliance of Direct Support Professionals/University of Minnesota Moving Mountains Award for excellence in workforce development were recognized. All were ANCOR members---The South Dakota Association of Community-Based Services; the Community Living Program of Catholic Community Services in Tucson, AZ; The Arc of Delaware County; and the Adirondack Arc, both in New York state. On behalf of all of us at ANCOR, congratulations!

During the conference, I was approached by several attendees who shared with me that the U.S. Senate's designation of September 12-18 as DSP Recognition Week this year and in the previous two years has galvanized community service providers in their state to do more collectively in organizing activities recognizing DSPs. And still others lauded our efforts to recognize the commitment and enthusiasm of DSPs with the National Advocacy Campaign's annual recognition awards.

All of this comes together in a wonderful confluence at ANCOR's Governmental Activities Seminar/DSPs to DC Event and our celebration of ANCOR's 40th Anniversary. We've received 70 self-portrait submissions from people served by ANCOR member organizations. These wonderful works of self-expression are a testament in and of themselves to the collective achievement of community service providers and direct support professionals in both literally and figuratively unlocking lives and providing fertile ground for people served to fulfill their unrealized potential.

I've never been prouder to be affiliated with ANCOR's member organizations and their remarkable achievements over the past 40 years. Thoughts do create our world; and the thoughts of community service providers and direct support professionals have been trained on realizing social justice and the liberation of a meaningful and productive future for the people they serve.

We should be immensely proud of the fact that, working together, we've eliminated and

See, *CEO*, page 5.

ANCOR's Vision
Advancing excellence in supports and services ~ Leading the way to communities of choice.

ANCOR's Mission
To inform, educate and network service providers to safeguard, develop, grow and extend their capacity to support the choices of people with disabilities.

Contents

Inside This Issue of LINKS

2	CEO Perspective		
3	President's Corner		
Government Relations			
6	CMS Guidance on HCBS Medicaid Option		
General			
1	President Marks ADA Anniversary		
10	Celebrating the Right to Community Services		
11	Exhibitors in Governmental Activities Seminar		
13	National Council on Disability Summit		
	News and Notes		
14	Online Training Offers Proven Solutions		
24	P-Card Users Reap Windfall Savings		
28	RHA Howell Saves \$564,500, Reduces Turnover		
ANCOR 40th Anniversary			
16	Happy Anniversary, ANCOR!		
19	NADSP and ANCOR: A Collective Vision		
22	ANCOR: The Beginning: Early Outside Resources Part II		
23	ANCOR Late 80s, A Time of Change		
		ANCOR Foundation	
5	Shop for a Cause!		
		NAC Central	
8	2010 DSPs to DC		
		Wage and Hour Guidelines	
20	Most State-Mandated Training Need Not Be Compensated		
		State Association View	
26	Affordable Care Act Brings Unprecedented Opportunity for Community Supports and Services		
		ANCOR Calendar, page 29.	

President's Corner

The Last Word

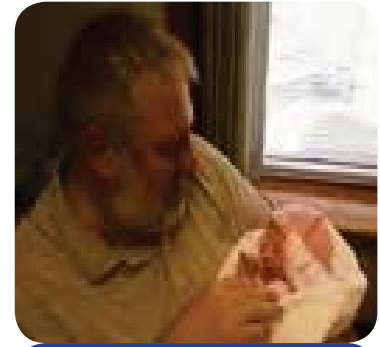
You all know that ANCOR is celebrating its 40th anniversary. Over the years we have witnessed a silent revolution in services for people with cognitive disabilities. In a relatively short period of time people have gone from living in big institutions hidden away from society to living on Main Street. We have all played a role in that journey. Some of us were in the vanguard of that movement- others have come in along the way. But we have all been part of something wonderful and dynamic.

This great progress is in danger. Are we on the cusp of seeing that progress rolled back, or is this economic crisis merely creating a pause in the journey? Are we positioning for the next leap forward or about to see it all regress? There is no question that things are not good right at the moment. Financial challenges are taking a toll on all of us, either as we watch our organizations dissolve or the backsliding that is happening. Our Person Centered Plans are rapidly becoming Dollar Centered Plans as states levy dramatic cuts across the country. Long waiting lists, upsizing, lowering staffing patterns, and minimal services are the topics of conversation. While the system wants to talk quality and choice, those concepts are eroded daily. Wages and benefits, never sufficient on

a good day, have been eroded as well. When this is over, and the economy starts ticking again, we will have lost ground on that front. Who will want to work as caregivers in an age when we will need caregivers for ourselves?

We have been here before, however, and in fact we were in a much worse state at one time. Many of us no longer remember the days of the institutions. The fire hoses instead of showers, the non ownership of shoes or clothes in general, the forced sterilizations, slave labor, the stench and, as Tom Pomerantz often says, the din - the chaotic noise reflecting the aimlessness of life as the folks walked around in circles.

Our predecessors were there and they figured out how to move the world. Perhaps it's fitting that we celebrate our 40th anniversary during these trying times. Anniversaries are for celebrating, to be sure, but they are also for remembering - remembering where we came from and how we got out of that place. Perhaps we should also take the time to learn from those who have already fought the good fight. Although we never have had enough money in the system, we were not afraid to make the argument that the people we care for and support



Peter Kowalski

are deserving of society's largess. We were not afraid to point out to the world that people needed support, not warehousing. As we recognize the economics, have we lost the will to make our case for a disproportionate piece of the pie? Have we been lulled into believing that our folks really don't need pervasive supports? Have we convinced ourselves that the next model or technology will eliminate the need for "staffing" and thus be affordable? Or worse,

See *President*, page 5.

The American Network of Community Options and Resources (ANCOR) was founded in 1970 to provide national advocacy, resources, services and networking opportunities to providers of private supports and services. LINKS provides a nexus for the exchange of information, ideas and opinions among key stakeholders.

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CEO, from page 2.

continue to eliminate impossibilities. When you do that, whatever remains, no matter how improbable...is possible. Bravo! And thank you for saying "yes!" to so many possibilities past, present and future. ●

Are you connected?

Harness the power of association through ANCOR's Connected Community (ACC).

Visit
<http://ancor.connectedcommunity.org>
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Questions about how you can use the ACC?
Contact Jocelyn Breeland at jbreeland@ancor.org.

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For an idea how this might be done, check out ANCOR's home page. We've added hyperlinks so you can click on the icon shown here, or the sentence: Support the ANCOR Foundation at Amazon.com. A visitor who clicks on either will be immediately directed to Amazon.com to get started shopping right away. ●

President, from page 3.

are we willing to accept community based warehousing as long as some funds come in?

Certainly, technology has a role to play in reducing costs, but the fundamentals haven't changed. Some of our folks need a lot of "care," a lot of support and in some cases a lot of protection as well. We have successfully empowered people with complex medical and behavioral needs into community based settings, yet these same people are now facing the largest risks. For those who are capable and independent, these times might in fact be a catalyst to move into a new level of independence. The people with significant disabilities and those living at home with aging families are the ones we cannot forget.

This crisis also presents opportunities. The large number of people on waiting lists gives us a renewed opportunity to engage our families. Our families have always been our strength, although we have not used them well over the past twenty years or so as we became successful. They are there and they are vigilant and they will become vocal as they realize that, after years of outstanding special education services, their sons or daughters are left out, left home and left behind. They will form the beginning of the next revolution. No matter how much things change, they stay the same. Our way out of this is the same way we got in,

in the first place: partnerships with our families, advocacy and legal challenges.

So, in the midst of despair let us find the strength to start pushing forward again. First, let's cut out the middle man. Countless resources are spent in maintaining federal and state bureaucracies that oversee our services. It's time to move away from the micro managers and into a true self directed system - one in which the relationship is between provider and the person needing support and/or their family. Let's use the opportunity of health care reform to eliminate Medicaid as our funding source and replace it with something that is designed for our folks, is simple, portable, flexible and not based on medical model proscriptions, or that does not rely on redundant byzantine systems to make it work.

While we are at it, let's make sure this next funding stream covers the cost of housing and allows fair salaries to be paid. Let us explore some of the new technologies that are becoming available and make sure our fire and safety, licensing and financial rules allow their use. Let us recognize that people with cognitive challenges are, after all, just people who have their own unique needs, relegating the one size fits all approach to the scrap heap.

Finally, let us realize that we once again need to seize the day and fight back before it's too late. We have gotten lazy and comfortable with our program and business models; let us remember

what it's really all about. We can do better the second time around. Let's insist on it.

As we gather in celebration of our anniversary, let us relearn the lessons of the past and put to work those giants who have gone before us; they have something to teach us all at this moment in time. So let's keep the faith, my friends. We can survive, we can persevere and we can make a difference. Hope sometimes is hard to keep alive but it is the hope for a better tomorrow that has sustained us this far and will sustain us into the future. It is all up to us.

On a personal note, I would like to thank all of you for allowing me to be president of this great organization for the past four years. It seems like just yesterday that you awarded me your trust. The time has gone by quickly and the changes in the landscape over the four years are mind boggling. However, ANCOR is, and remains, a dynamic organization with outstanding leadership. I have been surrounded by people in this organization who are the epitome of excellence: the staff, the Board, all of you. The organization is in good hands. We have a proven leader in Renee and a great slate of people interested in being on the board and in being your leaders. I thank you for my opportunity. The experience has been profound and represents the proudest moment of my career. I humbly thank you. And that's the last word! ●

CMS Guidance on HCBS Medicaid Option

Helps States Meet ADA and Olmstead Obligations

The Centers for Medicare and Medicaid Services (CMS) issued written guidance to states on August 6, 2010 regarding several changes made by the Affordable Care Act (ACA) that advance access to home and community-based services (HCBS) under the Medicaid Section 1915(i) state plan option. ANCOR encourages its members to urge states to use the revised state plan option to advance home and community services and supports to individuals with disabilities.

Section 6086 of the Deficit Reduction Act of 2005 (DRA) added a new state plan section 1915(i) HCBS option. While this State plan service package includes many similarities to options and services available through 1915(c) HCBS waivers, a significant difference is that 1915(i) does not require individuals to meet an institutional level of care in order to qualify for HCBS. Although Section 1915(i) provides States an opportunity to offer services and supports before individuals need institutional care, and also provides a mechanism to provide State plan HCBS to individuals with mental health and substance use disorders, the DRA provision contained a number of flaws which ANCOR sought to remedy for the past several years.

As originally enacted, states were unable to target 1915(i) services to particular populations within the state; could limit the number of individuals and for the first time in statute, allow states to maintain waiting lists for HCB services; could only serve individuals whose incomes did not exceed 150 percent of the Federal poverty level (FPL); and were not able to provide “other services” than a restricted list of services. ANCOR strongly believed that these flaws, along with other limitations as compared with the 1915(c) waivers, were barriers to states in advancing home and community supports and services to individuals with a range of disabilities.

In order to promote State utilization of 1915(i) and provide states with a real tool to meet their ADA and Olmstead obligations, ANCOR, along with several national disability and aging national organizations, worked with key Senate and House committees to include changes in the statute through health reform legislation. Although not all changes ANCOR sought were included in the final health care bill, the ACA includes changes that enable States to target HCBS to particular groups of people, to make HCBS accessible to more individuals, and to ensure the quality of the HCBS.

Improvements to the 1915(i) Medicaid HCBS state option include the following:

- **Number Served and Statewideness.** Under the ACA, States may continue to specify needs-based eligibility criteria but they are no longer permitted to limit the number of eligible individuals who can receive 1915(i) State plan HCBS or establish a waiting list for these services. In addition, states may not limit the availability of 1915(i) services to specific geographic areas or political subdivisions of the State (statewideness) and, like other state plan services, must be offered to all eligible individuals on a statewide basis.
- **Financial Eligibility.** The ACA adds a new section that allows states the option of providing services to individuals with income up to 300 percent of the Supplemental Security Income (SSI) Federal benefit rate (FBR). While individuals served in this new eligibility group must be eligible for HCBS under a 1915(c), (d), or (e) waiver or 1115 demonstration program, they do not have to be enrolled and receiving services in either waiver program.
- **Permit Targeting of Populations.** States are afforded new flexibility and may

design service packages without regard to comparability by targeting benefits to specified targeted populations (such as individuals with developmental disabilities) either through one 1915(i) service package, or multiple 1915(i) service packages.

- **Expands Permitted Services.** Section 1915(i) now allows States to include any or all of the services that are listed in section 1915(c) waiver program—including “other such services requested by the State as the Secretary may approve” (not including room and board). CMS urges all States to afford participants the opportunity to direct some or all of their HCBS.

These new and revised provisions will become effective October 1, 2010. States with approved 1915(i) services prior to this date that include provisions impacted by the changes under the ACA, should submit a state plan amendment no later than December 31, 2010, that will take effect retroactive to October 1, 2010. ●

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*Margaret Longsworth, CRC, LADC, LCPC
Director of Clinical Services
OHI*





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The National Advocacy Campaign is sponsoring DSPs to DC in conjunction with the ANCOR Governmental Activities Seminar September 13th and 14th. DSPs will

travel to Washington for a two day program including a Capitol Hill briefing and the chance to meet with their representatives.

If you have not done so already, make your appointments now with your U.S. Representative's office for Tuesday afternoon (September 14). We suggest you schedule meetings starting at 2:30 p.m. to discuss the direct support workforce crisis and support for workforce wage legislation (H.R. 868).

Find the contact information for your Congressional Representative on the ANCOR website's Action Center (Hyperlink: www.ancor.org) Use tips and tricks from Chapter Two in *Effective Communication with Congress* when you schedule and prepare for your meetings.

ANCOR will also recognize the winners of the 2010 DSP of the Year Contest in a special ceremony and awards presentation!

NAC Central

2010 DSPs to DC

Twenty Gubernatorial Proclamations Recognizing DSPs!

As of August 31, we have twenty gubernatorial proclamations! To honor the direct support workforce, state governors issued proclamations designating the week of September 12, 2010 as Direct Support Professional Recognition Week in their states!

The following states are celebrating DSP Week:

Arizona	Arkansas
Colorado	Connecticut
Illinois	Indiana
Iowa	Kansas
Maine	Missouri
Nebraska	New Mexico
New York	North Carolina
Ohio	Pennsylvania
South Dakota	Utah
Virginia	Wisconsin

Easy Access to ANCOR DSP Week Materials

We've put the DSP Week downloadable poster, news release, newsletter article templates and

DSP Week graphics on the ANCOR Connected Community (ACC) for your easy access. Login to the ACC using your ANCOR email/password combination. (If you don't have one already, get one [here](#).)

Once on the ACC (<http://ancor.connectedcommunity.org>), select "Libraries" from the top navigation bar, and select "Search Library." On the Library Search screen, click on the arrow for "Search Tags," then find and check the box by "DSP Week" under the "National Advocacy Campaign" and click "Search" at the bottom of the page.

To make the most use of the ACC, you should also post your organization's fliers, posters, etc. on the ACC for others to view. Directions for posting a document on the ACC can be found [here](#). (You'll need to have your ANCOR email/password before searching these instructions. Other ACC instructions can be found by conducting a search using the "Instructions" tag in the ANCOR Connected Community section of the search page.) Good luck!

Questions about the ACC? Contact Tony Yu (tyu@ancor.org), or Jocelyn Breeland (jbree-land@ancor.org). ●

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Celebrating the Right to Community Services: A Vision for the Future

by David Ferleger

Signing the Declaration of Independence on July 4, 1776, Stephen Hopkins referred to his cerebral palsy, saying "My hand trembles but my heart does not." During the Constitutional Convention of 1787, Benjamin Franklin was carried into sessions in a sedan chair because he was almost immobilized by gouty arthritis. More than two centuries later, thousands of people attended the 1990 White House signing ceremony for the Americans with Disabilities Act, at which President George H. W. Bush declared, "Today we're here to rejoice in and celebrate another 'independence day,' one that is long overdue."

People with disabilities influence and inspire our lives. Thomas Edison and Ludwig Von Beethoven were deaf. Steven Hawking has a neurological condition. John Milton became blind at age 43 and Claude Monet became blind in later life. President Franklin Roosevelt, musician Teddy Pendergrass, "Superman" Christopher Reeve and violinist Itzhak Perlman have used wheelchairs.

We are all intimate with disabilities. We may have been born with a disability. If we are not disabled ourselves, we know people who are. Currently, healthy Baby-Boomers will almost certainly grow into frailty as they age. People with one challenge or limitation today often acquire another.

About 54 million people in the United States are disabled at present. This is about 19% of the population. Twenty-nine percent of families in America (20,874,130 families) have a family member with a disability.

The disability rights movement has transformed the "social good" of services into a "rights model." In last 25 years, we have witnessed an explosion of federal legislative action to protect people with disabilities from facing discrimination in their everyday lives. Although these laws have a modern feel, they grow out of a longstanding recognition that there is positive social, political, and perhaps spiritual value in serving the needs of people with disabilities.

ANCOR's constituent providers' ability to fulfill their commitment to quality community services is on shaky ground in some places. Many states are cutting human services budgets, including support for staffing and supports for people with disabilities who live outside institutions. Eleven years ago, the Supreme Court in *Olmstead v. L.C.* ("Olmstead") held that unjustified institutionalization

is discrimination forbidden by the Americans with Disabilities Act. *Olmstead* held that the ADA proscribes "[u]njustified isolation of the disabled." *Olmstead* was heralded as a potentially "revolutionary" advance for people with disabilities. The promise of that decision is challenged by reductions in funding for those very community services that maintain people in their own homes, avoiding institutionalization, and permitting their full participation in life in their hometowns.

What does the future hold? Are the ADA and *Olmstead* sufficient protections? Are there other approaches which might bolster implementation of individuals' rights to community services? Can the budget reductions be justified or be challenged? What is the role of provider agencies in this process? Having moved so far in these first 40 years of ANCOR's mission, where will we be at the 50th anniversary? These are all questions which need to be explored with care, precision and respect for both those serving people with disabilities and for the clients themselves.

Hubert Humphrey memorably reminded us in 1977 of our duties to people with disabilities:

The moral test of government is how it treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy, and the handicapped. ●

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*Author Link: David Ferleger has a national litigation and consulting practice in disability law and will be a featured speaker at ANCOR's 2010 Governmental Activities Seminar. Mr. Ferleger has litigated landmark disability cases and argued five times before the U.S. Supreme Court. <http://www.ferleger.com>. He is the author of "The Constitutional Right to Community Services," *Georgia State Univ. Law Rev.*, vol. 26 (Spring 2010) (PDF available from the author). Email: david@ferleger.com. Permission to use this article must be requested from the author at david@ferleger.com.*



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ANCOR Announces Exhibitors, Governmental Activities Seminar

ANCOR is pleased to have the following exhibitors displaying at the Governmental Activities Seminar, Sept 12 – 13, 2010 at the Washington Court Hotel in Washington, DC.

Conference attendees are encouraged to take advantage of the opportunity to visit the exhibitors, learn about their products and services and thank them for their support and confidence in ANCOR providers.

For any questions please contact Marsha Patrick, ANCOR's Development Director at mpatrick@ancor.org.

Governmental Activities Seminar Exhibitors

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National Council on Disability Summit

NCD Demonstrates Plans to Establish Itself as Reliable Independent Agency for Real Change

by Gary Blumenthal

Earlier this summer, ANCOR members were well represented as participants in the National Council on Disability's 20th ADA Anniversary Disability Policy Summit. More than 500 people from 48 states gathered in Washington, D.C., July 25-28, engaging in a national dialogue on *Living, Learning and Earning* for people with disabilities.

ANCOR participants included Gary Blumenthal, NCD member and ANCOR member, ANCOR staff Suellen Galbraith and Jessica Sadowsky, and ANCOR Board member Than Johnson, who joined the many invited delegates to the Summit. Suellen Galbraith served as a group facilitator, and Gary Blumenthal participated in NCD official meetings as a recent appointee of President Barack Obama.

U.S. Department of Transportation Secretary Ray LaHood served as a keynoter, along with U.S. State Department representative Judy Heumann and General Norton A. Schwartz, Chief of Staff of the U.S. Air Force.

Federal agencies including HHS, HUD, Education, Transportation, FEMA and the Department of Justice shared presentations of how the Obama Administration is working to make implementation of the ADA a reality, while also recognizing the remaining challenges to daily implementation across the nation.

Small Group Discussions were held during the Summit to promote rapid identification of ideas regarding coordination and implementation. These ideas will inform the foundation for NCD's work in the years ahead as the Council determines how best it can be an agent of effective coordination amidst a sea of disparate and fragmented programs and policies.

Discussions addressed a variety of issues including:

- Community living: transportation difficulties, doing away with the institutional bias in Medicaid services;
- Education: focusing on progress made in federal law, while also addressing the failure of local communities to live up to federal goals and federal law;
- Employment & Financial Security: discussions on how to improve coordination between key federal partners including the Departments of Education, Labor, Health and Human Services, Transportation; Administrations including Veterans, Social Security, Developmental Disabilities, state partners (Vocational Rehabilitation, Education, Labor, Workforce system),

local partners (secondary and post-secondary education, One Stops, community providers, employers). Also discussed at length were systems barriers (work disincentives; lack of transportation), attitudes (of employers, policy makers) and low expectations (by educators, family members, individuals with disabilities). There was agreement about the positive impact on one's self-esteem and perspective on what they can do when high expectations start from a young age. Other issues discussed included: benefits counseling, activities at the state level with Medicaid Infrastructure Grants and Medicaid buy-in programs, national marketing campaigns, High School-High Tech programs, Project Search models, mentoring, internships, Business Leadership Networks, job retention services, career ladders, self-employment and entrepreneurial opportunities;

- Veteran's issues; and
- Health care access and implementation of health care reform.

Many NCD Summit participants and ANCOR members were also present at a White House 20th Anniversary celebration and witnessed President Obama sign an executive order aimed at increasing federal employment of people with disabilities.

About the NCD: The National Council on Disability (NCD) is an independent federal agency and is composed of 15 members appointed by the President, by and with the advice and consent of the Senate. It provides advice to the President, Congress, and executive branch agencies to promote policies, programs, practices, and procedures that guarantee equal opportunity for all individuals with disabilities. For more information on NCD, its members, the Summit, and newsletters, visit their website at <http://www.ncd.gov>. ●

Author LINK: Gary Blumenthal, is President and CEO of Association of Developmental Disabilities Providers in Massachusetts. We wish him success as a member of NCD and look forward to future reports as NCD promotes its agenda in the future.

News and Notes

The Latest From Around the ANCOR Community and Beyond

Welcome New Members!

ANCOR is pleased to welcome the following new members:

Adelante (NM)
Arc of Meriden-Wallingford (CT)
Brandi's Hope Community Services (MS)
Charlotte White Center (ME)
Community Management Initiative (NC)
Echoing Hills Village, Inc. (OH)
Missouri Association of Rehabilitation Facilities (MO)
Mat-Su Services for Children and Adults (AK)
Resident Home Corp (OH)
RSI, Inc. (MN)



Dr. K. Charlie Lakin to Receive Arc Research Award

This year, in recognition of his distinguished work, Dr. K. Charlie Lakin, Director of the Research and Training Center on Community Living at the University of Minnesota, will receive the Arc's prestigious Research Matters! Award at the Arc's 60th Anniversary National Convention in Orlando, Florida, November 3 - 6.

Dr. Lakin has directed dozens of research and training projects and has authored or co-authored 300 publications based on that work.

"Perhaps no one more than Dr. Lakin has demonstrated through research that the evolving national commitment to community services is well-founded and beneficial to persons with disabilities," said Peter V. Berns, CEO of The Arc.



UCP/LA President, CEO Honored for Service

Ronald S. Cohen, President and Chief Executive Officer of the United Cerebral Palsy of Los Angeles, Venture and Santa Barbara Counties was honored in a pre-game ceremony at home plate on Tuesday, August 31 at Dodger Stadium, before the game between the Los Angeles Dodgers and the Philadelphia Phillies. Cohen received the 2010 EP Maxwell J. Schleifer Distinguished Service Award for his work and advocacy on behalf of children and adults with disabilities and their families.

See News, page 14.

Online Training Offers Proven Solutions for Improved Services

By Sherry Beamer, MSW
Vice President, Developmental Disabilities Services, Essential Learning

Training is a major tool to develop organizations, a continuous process linked to all the ways that employees are developed: by their job challenges; by their interactions with the people who coach and supervise them; by their peers; by the people they serve. Disability organizations are constantly morphing to provide more individualized services. As this happens, employees are needed to function more as knowledge workers – planning, searching, analyzing, and organizing to assist people with disabilities to live quality lives.

Technology now provides opportunities for training to be more continuous. Online learning is an effective solution for many organizations as it brings learning to staff in an anywhere-anytime learning environment. An ever increasing body of research supports the conventional wisdom that online learning is an effective alternative to traditional classroom-style training because it can save training time and minimize time away from work, reduce

costs, mitigate compliance risk, and provide consistent content delivery across the organization.

A U.S. Department of Education commissioned study, cited recently in the New York Times, reported that online learning tends to be better than conventional instruction. The study spanned twelve years and tracked 99 scenarios in elementary to college education and work environments like the military. Multiple corporate studies, including data from companies such as Xerox, IBM and Federal Express, report that online training has shortened learning time by 40%, slashed downtime costs by 60%, and reduced training travel costs dramatically, up to 250%. The American Society of Training and Development now estimates that 40% of all corporations are providing some type of online learning in their training program.

ANCOR has recently welcomed Essential Learning as a partner to provide members with additional online learning options. Essential Learning is the largest provider of online learning solutions for human service organizations. Specially designed packages of Clinical, Com-

pliance and Management courses have been developed for ANCOR members. Examples of course topics include:

- Clinical: Psychopharmacology, Forensics, Dual Diagnoses
- Compliance: Fire Safety, Infection Control, Sexual Harassment, Workplace Violence
- Management: Coaching, Conflict Management, Team Development, Effective Interviewing

Essential Learning offers a powerful Learning Management System as well, with the added value of implementation support and customer service staff.

ANCOR Members may contact Essential Learning at any time for more information and to set up online demonstrations of service offerings. Contact 1-800-729-9198 x284 or email infoDD@EssentialLearning.com and visit the website www.EssentialLearning.com learn why Essential Learning has maintained a 97% customer retention rate since 2002. ●

News, from page 13.

The award is named for the late founder and former editor-in-chief of *Exceptional Parent* magazine. Cohen helped to create the UCP family of organizations serving over 1,200 individuals every day with cerebral palsy, autism, Down Syndrome and other developmental disabilities in five countries, as well as an international not-for-profit company, which manufactures, delivers and custom fits wheelchairs to the neediest disabled children in developing countries around the world.



New Resources from SEFCU Insurance Agency

Just click on the document title below to open the file:

- General Industry Playing it Safe: Driver Distractions
- General Industry Risk Insights: Reviewing Your Company's Contracts
- P&C Pro-File Newsletter - August 2010
-



Barn Quilts Represent CRSI Core Values

Two specially designed barn quilts have been hung in the Champaign County (OH) corporate offices. The "Flying Geese" (a centuries-old quilt block pattern) surround the outline of the "Two Scotts" - representing CRSI's services and *Core Values: Satisfaction, Honesty, Quality, Respect & Teamwork.*



The shorter Scott, a former CRSI consumer who is now deceased, represents individuals with developmental disabilities. The taller Scott, a friend, represents the many valued people directly providing their services. They are featured in a pencil portrait drawn by Martha Perske from PERSKE: PENCIL PORTRAITS 1971-1990. Nashville: Abingdon Press, 1998.

The "Flying Geese" quilt blocks forming the row at the bottom and the four columns on either side of the image, represent all CRSI direct care employees. They are flying in formation, upward and forward as they follow the four larger "Flying Geese" at the top. These represent the vision, leadership, guidance

and training provided in support of the direct care worker; so that each is equipped with the knowledge and resources to provide a quality life for citizens with developmental disabilities.

The four "Flying Geese" pointing to the Two Scotts in the center represent that it is all about the consumers and the direct care professionals who provide their services.



Self-Advocates Produce Documentary on Individualized Supports

The Self-Advocacy Association of New York State has produced a 29- minute documentary on New Yorkers who have used individualized supports to take greater control of where and how they live. "We Have Choices" is free of charge. Please visit the website, www.wehavechoices.org, to request a copy.

See News, page 20.



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Happy Birthday, ANCOR!

40 Years Worth Celebrating

By Steve Eidelman

For those of you who like history and trends, ANCOR has been there through most of the important contemporary trends in the field of services and supports for people with intellectual and developmental disabilities. Congratulations for being part of history.

Like some of you, I remember walking the halls of state institutions in the early 1970's. When I close my eyes, and if it is really quiet, I can hear, and smell what I witnessed back then. It was pretty horrible. We would not tolerate it in the US today.

In 1970, there were about 190,000 people in State Institutions for People with Intellectual and Developmental Disabilities. At the peak of institutionalization in 1967, there were just under 195,000, compared to about 34,000 today, a decrease of almost 80%. No one had heard of a Medicaid Waiver and the ICF/MR program had yet to be enacted. That would come later, and most ANCOR members were funded by state and local dollars and by fundraising.

In 1970, The American Association on Intellectual and Developmental Disabilities (AAIDD) was called the American Associa-

tion on Mental Deficiency (until 1987) and classified people with intellectual disabilities as either: mild; moderate; severe; or profound. Terms that were thought to be, and were, an improvement on "idiots," "imbeciles" and "morons." In the 1970's, schools were calling people "educable" and "trainable" among other things. Some still are.

Shortly after ANCOR was founded, an entire group of people, those who were "borderline" with IQ scores from 70-85, were dropped from the classification altogether in 1973. The world was changing. A lot.

In 1971, the landmark *PARC v. Commonwealth of Pennsylvania* was decided in the Supreme Court, paving the way for P.L. 94-142, the Education for All Handicapped Children Act of 1975, now called IDEA. Once families had public education for their children, the number of children in institutions began a rapid decline; many organizations began the process of getting out of the private special school business.

In 1970, we began talking about deinstitutionalization a lot. It has been a driving force during all of ANCOR's 40 years. *Normalization* was published in 1972, changing how we all

thought about supporting people with intellectual disabilities. Many of you have a copy somewhere.

In October 1970, just as ANCOR was founded, *Wyatt v. Stickney* was filed in Federal District Court in Alabama. It would take 33 years, until 2003, before *Wyatt* was completely settled, but by then the principle of 24 hour Active Treatment, for better or for worse, was firmly established.

In 1973, the Vocational Rehabilitation Act was reauthorized, and Section 504 in particular prohibited discrimination against people with disabilities. Many of the ideas in Section 504 found their way into the American's with Disabilities Act, signed into law in 1990, when ANCOR was a mere child of 20.

Self-advocacy, people with disabilities working together, to fight for their rights, for the rights of others, and to have organizations to call their own, began forming, in the US, initially in Oregon. In 1975, the first US conference was held, run by people with intellectual disabilities. Today, the self-advocacy movement is strong and growing stronger, and the

See *Eidelman*, page 17.

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D.H. Director, Residential Resources. Ardmore, Inc.



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Eidelman, from page 16.

philosophy of “Nothing About Us Without Us” is embraced by many ANCOR members. This movement will only grow stronger as time goes on.

At little over a decade after ANCOR began, the single most important piece of service related legislation, Medicaid Home and Community Based Waivers came into being through the Omnibus Reconciliation Act (OBRA) of 1981. Giving states an incentive they did not have before, to earn Federal Medicaid dollars for small community settings and, eventually, for the day programs to support people in those settings. The explosion of community services began in earnest. Today, most community-based services in every state are supported through a Medicaid Waiver and for most ANCOR members, deinstitutionalization through the Waiver has been both a driving force and an accepted strategy for growth.

At the same time, states, beginning in Michigan and Pennsylvania, were providing supports directly to families, realizing that most people with intellectual disabilities lived with their families. That is true today as well.

Also, in the 1980’s supported employment emerged from the U.S. Department of Education and from researchers in Oregon and Virginia in particular. Even today, we struggle with helping people with intellectual disabilities secure and maintain competitive employment. It is one of our biggest challenges, a challenge so strong that The Alliance for Full Participation, of which ANCOR is a founding member, partnering now with 14 other national organizations, has set a goal of doubling the rate of employment by 2015.

National advocacy for people with all types of disabilities culminated in the 1990 American’s With Disabilities Act, the ADA. Viewed by many as a landmark civil rights act for people with disabilities, it put the US in the forefront of international human and civil rights for people with disabilities. And just last year, when ANCOR was the proverbial 39 year old, the United States signed the United Nations Convention on the Rights of Persons with Disabilities, joining the rest of the world, “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.” This was a long way from the institutional horror stories that preceded ANCOR’s founding, at least in the US.

So what might we be saying at ANCOR’s 50th? Or 60th? Prognostication is always iffy, but here goes....

As many of you know, I left The Arc of the United States to start the National Leadership

Consortium on Developmental Disabilities, of which ANCOR is a founding partner. In the next decade, many of the leaders of ANCOR members will step down from their positions and more still by ANCOR’s 60th. We collectively must develop new leaders, leaders different from ourselves. Other industries do this regularly, and it is too important to leave to chance. At our leadership institutes, I am seeing remarkably talented early and mid-career leaders. It gives me great hope.

There is a major item of unfinished work. Despite progress in getting people out of state institutions, I had hoped to, at this point in my career, not be talking about deinstitutionalization. But there are still ~20,000 people in large private ICFs/MR, another 50,000 in large private non-ICF/MR facilities and ~25,000 in Nursing Homes. We have a long way to go. I worry that the next generation will, without the direct knowledge of the horror stories of the past, not make getting people out the same priority as my generation. But the newly invigorated Civil Rights Division of the Department of Justice should help to prevent this from happening.

ANCOR members deal with this every day, but where are the next generations of direct support professionals going to come from? As the numbers of people with intellectual disabilities living to old age continues to grow, the first generation of elderly people with significant disabilities in the history of the world, how are we going to help support them in ways they want to be supported?

We are moving towards an era where a fundamental assumption of the past, that children with intellectual and developmental disabilities would become adults and leave the family home for a place of their own, or a group home, is no longer valid. Most people have always lived at home and, if economists are correct, the financial resources, let alone the human resources, to support everyone outside the home are not there. We need to plan for ways to support people with families as they age, figure out what the framework is for adults living with their parents or adult siblings, and discern how to meet the needs of both groups. It is harder than it sounds.

And there are other challenges. As stated earlier, the Alliance for Full Participation set the goal of doubling the number of people with employment by 2015. Ambitious but attainable. But we need to double it every five years for the next two decades.

We have barely scratched the surface on the use of technology to support people and to increase their ability to live in this world more in control of their lives, and less dependent upon others. Great progress will be made in the next few decades, all of which will be a challenge to incorporate into ANCOR members’ operations,

but will make life better for those who use it.

The movement towards individualized budgets and people controlling their resources goes by many names. Helping people live the lives they want must be a driving force behind all we do in the next twenty years. Part of this is putting in place the tools to make individual budgeting and person-centered planning into real tools used by most people, not just in some places and not as only buzzwords we use to repackage old ideas and approaches.

Special Education is a disaster, pretty much everywhere I go. The promise of IDEA has not been fulfilled for far too many students, and most are leaving school without the tools they need to be successful in the workplace. With all the talk about Race to the Top and education reform, the next two decades of Special Education cannot be like the last four. Access and rights are not enough. Students with intellectual and developmental disabilities need results.

Despite the quantum advances in knowing how to support people with all kinds of support needs in inclusive environments, we are seeing a backlash of new segregated day programs and residential living arrangements. ANCOR members must take the lead in showing how to do it right. It will be hard but we must.

I am optimistic and excited about what the future holds. As someone who has spent his adult life in the field, I wouldn’t trade my experiences for anything.

You may have noticed that I mentioned no names of heroes or “giants” in this article. So much of our progress has been made by ANCOR members and others - those who came to work, every day, trying to make people’s lives better tomorrow than they are today. So, there are too many names to mention. I suspect this effort will continue. Congratulations for what you have accomplished, and for what you will continue to accomplish. Happy 40th! ●

AUTHOR LINK: Steven M. Eidelman, MBA, MSW is the University of Delaware’s H. Rodney Sharp Professor of Human Services Policy and Leadership and co-director of the National Leadership Consortium. He holds joint faculty appointments in the School of Urban Affairs and Public Policy and the Department of Individual and Family Studies and is a Senior Fellow in the Center for Disabilities Studies. Mr. Eidelman is the former Executive Director of the Joseph P. Kennedy Jr. Foundation. He has also served as the Executive Director of The Arc of the United States, and as Deputy Secretary for Mental Retardation in the Pennsylvania Department of Public Welfare. Contact Steve Eidelman at sme@udel.edu

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ANCOR 40th Anniversary

NADSP And ANCOR: A Collective Vision

By Lisa Burck

NADSP congratulates ANCOR as they celebrate their fortieth anniversary representing organizations that provide supports and services on behalf of people experiencing disability. Those supports and services are unique according to the “vari-ATIONS”; the organizations, locations, regulations, and populations. What organizations all share is their need for well-trained, professional frontline staff who represent the ‘lifeline’ of each organization. ANCOR stands for and promotes quality in organizations that are their members. They also recognize that the quality of the ANCOR organization is directly related to the quality of the workforce they employ. As such, they share a deep commitment with NADSP for all things that improve the lives of Direct Support Professionals.

ANCOR has led the way in the advancement of the profession of direct support in many respects. Through the outstanding leadership of Dr. Renée Pietrangelo, ANCOR commits a substantial portion of its resources to the National Advocacy Campaign (www.youneedtoknowme.org). ANCOR is a found-

ing partner of NADSP and hosts many national meetings, sponsors activities, and advocates on our behalf. ANCOR enthusiastically supports the NADSP credentialing effort as a way for agencies to develop career pathways in their organizations. ANCOR advocated on behalf of direct support professionals to ensure they were and are at the table of the Alliance for Full Participation (www.allianceforfullparticipation.org). ANCOR leads the nation in DSP recognition efforts, includes DSPs on various committees, sponsors state and national DSP awards, and annually hosts their DSPs to DC event. ANCOR staff member Jerri McCandless lends tremendous capacity and wisdom as a member of the NADSP Board of Directors.

In truth, this collaboration is greater than the sum of its parts. As an example, ANCOR and NADSP have just completed the joint development of the Department of Labor Standards of Apprenticeship program for the occupation of direct support professional. Yet, there is still

much to do. Services and supports must continue to improve. Career ladders are not yet in place everywhere. Funding streams need to recognize and reward the use of professional support. Coming shortages of direct support professionals can be mitigated by improving turnover and retention. Thank you, ANCOR, for staying the course, supporting the efforts of NADSP, and understanding that quality is contained within the interactions of direct support professionals and those we support.

HAPPY ANNIVERSARY!! ●

Author LINK: Lisa Burck is president of the Board of Directors of the National Alliance for Direct Support Professionals (NADSP). She is DSPO Project Director for The Arc of Mississippi.



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Federal Wage And Hour Guidance

Most State-Mandated Training Need Not Be Compensated

By Joni Fritz, Labor Standards Specialist

This is the third in a three-part series that discusses when training and homework engaged in by an employee are or are not considered hours worked that must be compensated. The first part appeared in the February 2010 LINKS, the second part appeared in the July/August LINKS.

With few exceptions, all time spent during training required by an employer is considered to be time worked and must be compensated. **One of those exceptions is when the State requires training.** This training must be of general applicability and not tailored to meet the particular needs of individual employers. Certified courses which are required by all provider agencies in a State are examples of those which do not require compensation. CPR certification is a good example, as is State-mandated training in developmental disabilities which is portable should an employee begin working for a different provider agency in the State.

In a January 7, 1985 opinion letter directed specifically at providers of community living for people with disabilities, the Department of Labor determined that when:

- A State requires all employees who have contact with the people supported by the agency to complete at least 24 hours per year of any of a large number of approved courses, and
- Such courses are usually offered at independent educational institutions, and
- The training has equal application to

- almost any employer, and
- It is taken during off-duty hours.

Time spent taking these courses need not be counted as hours worked.

What Happens When The Training Occurs On The Provider's Premises?

The 1985 letter goes on to state that time spent in required courses similar to those offered at a community college but taught by outside instructional personnel on the agency's premises, during off-duty hours, do "not require compensation for time spent."

Other Factors May Influence A Decision About Compensating Employees

Providers tell us that the marketplace often influences their decision about whether to compensate employees for time spent during training. When the State mandates that employees complete a specific number of hours of training per year, but those employees have little commitment to comply with that mandate, it may be necessary to pay employees to get them to complete their training requirements.

Remember that hours spent in training may be compensated at a lower rate of pay, as long as it equals at least the minimum wage. Overtime is computed on the basis of a weighted average.



Joni Fritz

Further Guidance Available From Ancor

A seven-page discussion of staff training time, including a copy of the 1985 official opinion letter, appears in the 2009 edition of the ANCOR Wage and Hour Handbook. To obtain a copy, see the ANCOR web site at www.ancor.org or phone ANCOR at 703-535-7850. ●

AUTHOR LINK: Joni Fritz is a Labor Standards Specialist whose guidance is free to ANCOR members and to those who attend a Wage and Hour Workshop or participate in a teleconference that she has conducted. Any ANCOR member who wishes to make arrangements for consultation or workshops with Joni must first contact Jessica Sadowsky, ANCOR Associate Director, Government Relations, for a referral at (703)535-7850 or jsadowsky@ancor.org.

News, from page 14.

Name Change in New York

Governor David A. Paterson officially signed into law an important name change. The former New York State Office of Mental Retardation and Developmental Disabilities will now be known as the *New York State Office For People With Developmental Disabilities (OPWDD)*.

The historic legislation not only removed the words "Mental Retardation" from the name of the agency, but also from State statute and regulations, excluding clinical references. The new name was chosen in March by a consensus of representative stakeholders.



AUCD Conference Registration Open

Reserve your space now for AUCD 2010, *Going to Scale: Making What Works Accessible to All*, October 31 - November 3 at the Hyatt Regency Hotel in Crystal City, Virginia.

The conference includes highly sought-after speakers, like Stephen M.R. Covey, a poster session with extended viewing hours, an evening Gala honoring Association Award winners, morning fitness events, and more.

View the Conference Agenda [here](#).

Register [here](#). ●

If standard of living is your major objective, quality of life almost never improves, but if quality of life is your number one objective, your standard of living almost always improves.

--Zig Ziglar



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Believe it ... ANCOR's P-CARD users are pocketing “free money” ... and you can too!

With new and improved incentives, your agency could share in rebate opportunities established by the collective purchasing power of all ANCOR members participating in ANCOR's P-Card Program.

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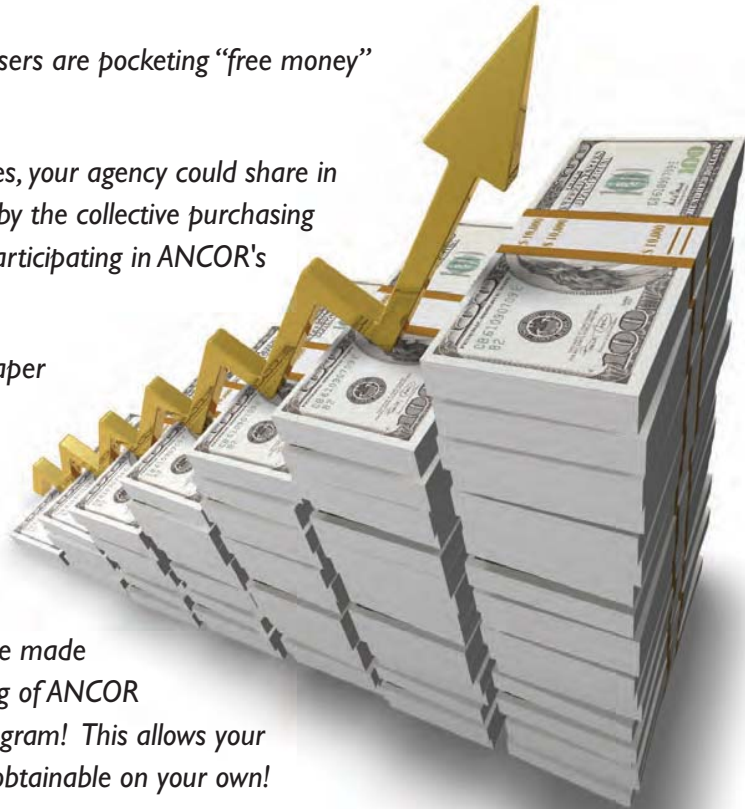
“We now have access to real time purchasing information. We incur no fees. Instead, we receive an annual rebate of \$10,000 for using the P-CARD.”

–Chuck Sweeder, Keystone Human Services

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Inquiries can also be directed to Marsha Patrick, ANCOR's Director of Resource and Revenue Development at mpatrick@ancor.org.



ANCOR: The Beginning

ANCOR: Early Outside Resources, Part II

By Joni Fritz

This article is the second of two parts on *Early Outside Resources* written especially for ANCOR's 40th anniversary. The first part appeared in the May 2010 LINKS.

A major issue for private providers of residential supports for people with intellectual disabilities in the 1960s was their difficulty obtaining liability insurance. Rates for the insurance that was available were often very high. It seemed that none of the larger insurance companies understood the operation of ANCOR member agencies, and risks were highly overestimated. There was a company in California, however, that insured some of the founding members of what is now ANCOR. They understood the field and offered a full range of insurance protection, including liability coverage, at reasonable rates. It wasn't long before the Osterloh and Durham Insurance Brokers of North America established a special program exclusively for ANCOR member agencies. This began what became a long and mutually supportive arrangement.

Partner **Al Osterloh** and his associate **Larry Sears** attended ANCOR meetings and conferences and hosted receptions and other association events, even sponsoring ANCOR workshops in several states. They became valued friends to many members. Among other things, members appreciated Al's approach to fires, accidental injuries and even to the deaths that – however infrequent – unfortunately occurred from time to time. Rather than advising the CEOs of agencies he insured to remain silent and avoid contact with a grieving family, he instead urged them to express sympathy and share their own sense of loss over the incident. This was consistent with the instincts of members and many found that this approach helped maintain a close relationship with families and avoided large claims.

National Accreditation Organizations

CQL: The Council on Quality and Leadership – at that time known as the Accreditation Council for Facilities for the Mentally Retarded (AC/FMR) – was founded in 1969 by five national organizations as a division of what was then the Joint Commission on Accreditation of Hospitals, now the Joint Commission on Accreditation of Health Care Organizations. The goals of the organization were to set standards and determine the degree to which any given service for people with intellectual disabilities and other developmental disabilities complied

with such standards. More than 94 leaders in the disability field participated in the development of the first standards as technical advisory committee members, consultants or reviewers. **Manny Hall**, the first CEO of what was then NAPRFMR was one of these, representing providers of private residential supports. The first standards were published in 1971, shortly after NAPRFMR was incorporated.

As NAPRFMR, ANCOR became a member of what is now CQL in 1973. NAPRFMR's President **John C. McIvor** from California and Vice President **James O. Vammen** from Pennsylvania were the association's first representatives to that group. Identified as Councilors, they played a major role in the promotion and further development of that organization's standards. A later ANCOR President, **Terry Allen Perl** from Maryland, succeeded Jim on the Council's board, and as Chairperson of the accreditation body was instrumental in its separation to a free-standing entity, with **Terry** and **Joni Fritz** serving on the transitional board. Terry remained as ANCOR's representative, serving as its treasurer for two terms. Another ANCOR President, Peter "Skip" Sajevec later also served as the CQL Chairperson. ANCOR continues as a member of CQL, but their board is no longer comprised of representatives from member organizations.

CARF: As ANCOR's scope of influence spread and member agencies began supporting a broader range of disabilities and providing a wider range of services, Joni Fritz was invited to serve as an at-large member of the Board of Trustees of CARF International, founded in 1966 as the Commission on Accreditation of Rehabilitation Facilities, and ANCOR soon joined that accreditation body as well. Joni served for six years, chairing the CARF Standards Committee for two years and serving on its executive and nominating committees. **Terry Allen Perl** was ANCOR's first official representative to the CARF Board of Trustees, followed by another ANCOR Past President, **Bonnie-Jean Brooks** from Maine. Both served for three two-year terms. ANCOR continues as a member of the International Advisory Council of CARF, with **Bonnie Brooks** representing ANCOR in that capacity.



COA: ANCOR is also a supporting organization of the Council on Accreditation, founded in 1977 by what is now the Alliance for Children and Families, as the Council on Accreditation for Children and Family Services. **Wayne Larsen** from Minnesota represented ANCOR on the COA Board. Today this organization accredits 38 different service areas and over 60 types of programs around the world for adults as well as children.

Influence of ANCOR Members in Other National Organizations

Many ANCOR members were CEOs of local units of other national organizations like The Arc, UCP, Easter Seals, etc. One ANCOR President, **Gary Mattson**, CEO of Exceptional Persons, Inc. in Waterloo, IA, was CEO not only of EPI but also of the local Arc and UCP chapters, which had their own boards but were staffed by EPI.

ANCOR members also took leadership roles in other national associations, sometimes serving on their boards and other times becoming members of key committees, urging the adoption of positions that were consistent with ANCOR's. Once the American Association on Intellectual and Developmental Disabilities (AAIDD) established a Division on Private Residential Facilities (PRF), ANCOR members usually served on the AAIDD board as Chairpersons of that division. **Riley Nelson** from Iowa was one of the first of these. Other members of the ANCOR leadership who served on the AAIDD board included **Bonnie Brooks**, **Daniel Rosen, Ph.D.**, from New York, and **Amy Gerowitz** from Ohio. **Bonnie** also served as Self-Advoca-

See *Beginning*, page 23.

Beginning, from page 22.

cy Liaison on the AAIDD board.

Largely through the leadership of ANCOR members **Derrick Dufresne** and **Bob Laux** from Wisconsin, the AAIDD Division on PRF eventually became the Division on Community and Residential Services. **Derrick** and **Bob** later co-authored a handbook published by ANCOR to help people obtain funding for the construction of small community living arrangements.

Others in the ANCOR leadership chaired state or regional divisions of AAIDD. For example, **Bonnie Brooks** was a Chairperson of Region X, and **Helen FitzSimmons** chaired the Texas State Chapter. People like ANCOR Vice President **Gary Mrosko** from Oregon, who was later CEO of an agency in Iowa, served on the Governmental Affairs Committee of The Arc US for a number of years, bringing the real-life perspective of providers to advocacy organizations in our Nation's Capital. Another former President of ANCOR, **Steve Bennett**, at the time CEO of UCP of Los Angeles, is today President and CEO of UCP National, headquartered in Washington, DC.

In a reverse of this process, **Dennis Popp**, the CEO of an ANCOR member agency in

North Dakota, who was once a Vice President of NASDDDS as a State Director of Mental Retardation Services in Kansas, later became a Vice President of ANCOR.

Current ANCOR members and past members maintain their involvement with many other national organizations at the local, state and federal levels. We have undoubtedly missed mentioning many of these.

If you or someone you know has ever served in a leadership role in both ANCOR and any other national association, please contact Jocelyn Breeland (jbreeland@ancor.org) so as many people as possible can be included in the final compilation of these articles as a formal history of ANCOR. ●



ANCOR: Late 80s, Early 90s a Time of Change

By Gary Mattson

The two things that I remember, besides the usual difficulties and good events, were the reorganization and the name changes.

The reorganization process was a long time in coming and it took a long time in developing. The Board had the habit of changing a decision from one meeting to another. With the possibility of 162 members, there was diversity in making a formal decision. Often the action was made at one meeting and was reconsidered at the next meeting. It was difficult to make choices and stick with them. Another problem was not having the proper Board members at specific meetings. This meant having to delay decisions to a later date. There were other problems in moving forward with decisions. So we hired Andy Swanson as the consultant to the reorganization process.

Andy reviewed the Association's structure and recommended ways in which the governance could be most effectively handled. He then interviewed key Board members and founders of NAPFMR, reviewed the Association's docu-

See *Changes*, page 24.

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"The P-CARD has become an integral part of everyday operations. We now have access to real time purchasing information, online coding and flexible reporting of activity ... All this for no fees to the company. Instead, we receive an annual rebate of about \$10,000 for using the card."

--Chuck Sweeder, Controller, Keystone Human Services

Sound like free money? You betcha!! Sound painless? Absolutely!! And just as important, you don't have to be a \$100 million agency to reap the windfall savings that come from using the P-Card.

In fact, with U.S. Bank's improved incentives, any agency that reaches \$250,000 in annual purchases is eligible for a percentage rebate established by the collective spending of participating ANCOR members. This allows your agency to reach rebate levels unobtainable on your own. With today's skyrocketing expenses, every dollar matters ...so don't pass up this opportunity to save money!

Savvy P-CARD users are charging everything from capital items like computers to everyday items like groceries, gasoline and utilities. Even copier paper and diapers can really add up. The more you charge, the more you earn. (It's kind of like frequent flyer miles without the blackout dates!)

The bottom line is, P-Card users are making easy money on purchases they'd have to make anyway. Furthermore, the rebate earned from the P-Card program can help offset those unexpected expenses that ambush even the most heads-up agency.

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- Convenient payment options,
- Ongoing support and technical assistance from experienced partners,
- Protection against fraudulent transactions,

- Insurance and dispute resolution process, and
- Web-enabling reporting and program management tools.

This isn't just smoke and mirrors. The benefits are documented and the savings are real! Furthermore, the returns are enabling users to redirect their new-found monies into mission-driven services. How do we know?

According to feedback from a consortium group established to evaluate the P-Card program, it delivers **the most valuable and comprehensive member services in SRPN by far** ... so much so, that several ANCOR members admitted to abandoning other bankcards entirely and redirecting all purchasing to the P-CARD because of its clear financial and practical benefits.

The Purchasing Director for ResCare, Coy Lightfoot, says... "The P-CARD program is part of our routine financial and operational systems. It reduces liability by replacing petty cash in the field. It's also an important budget tool as it allows us to set limits that correspond to budgets set for each location. We're able to monitor expenses and view spending reports

Changes, from page 23

ments, and held a workshop with the Board members. The Board members submitted suggestions to the Executive Committee. The Bylaws Committee independently drafted the bylaws to implement the plan submitted by the Executive Committee. The bylaws were approved unanimously by the Board of Directors;

This changed the Executive Committee to the Executive Board, expanded it to 10 to 15 members, and expanded the authority to govern the Association. There were specified officers of the Board, three Directors-at-Large and six Regional Representatives. The specified officers of the Board became the Executive Committee. What had been the Board of Directors was converted to the Representative Assembly. The outcome of this process produced some difficult times for everyone involved, but ultimately resulted in immense satisfaction. This transition began in early 1986 and concluded in January 1987.

The name change from National Association of Private Residential Facilities for the Mentally Retarded, NAPRFMR, to National Association of Private Residential Resources, NAPRR,

timely. Most important, P-CARDS ensure we have money available for emergencies and daily activities that are important to the employees and people we support."

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came at a later time and was much easier. The change was necessary to reflect the reality that ANCOR members served individuals with a broader range of disabilities. Later, the name was changed to ANCOR highlighting the fact that our members were serving people with disabilities, living in community, working in the community, and, in general, supporting individuals living lives that reflected their own choices. ●

Author LINK: Gary Mattson was President of ANCOR from 1985 - 1990. From 1983 - 1997 he was Executive Director of ANCOR member Exceptional Persons, Inc.





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State Association View

Affordable Care Act Brings Unprecedented Opportunity for Community Supports and Services

By Diane McComb
Liaison to State Association
Executives Forum

This month state Medicaid directors around the country received a letter from Cindy Mann, Director of CMS CHIP and Survey & Certification Division regarding ways to improve access to home and community-based services (HCBS). The letter discussed changes to section 1915(i) of the Social Security Act (the Act) under the Affordable Care Act (ACA).

Associations should be gearing up to work with their state Medicaid offices to re-design state Medicaid programs to maximize the potential benefits of this provision. Although 1915(i) waivers were introduced under the Deficit Reduction Act of 2005, the impact was minimal due to restrictive language limiting eligibility. Section 1915 (i) fell short of its promise for most people with disabilities throughout a majority of states.

The flurry of advocacy surrounding national health reform paid off with Congress modifying the eligibility criteria for states wishing to incorporate the provisions of 1915 (i) in their community supports and services. States can now opt in and fully embrace rebalancing without adhering to a number of previously restrictive requirements. State coalitions must be fully apprised of what is at stake and insist that this opportunity not be lost amidst the massive changes of the Affordable Care Act.

For states that choose to utilize section 1915 (i), people with disabilities will no longer have to prove their need for nursing home (or institutional) level of care in order to qualify for HCBS supports and services. Additionally, people with chronic mental illness and/or substance abuse can now be served by those states that elect to do so.

States using section 1915 (i) will be able to limit the types of services by targeting specific services to specific groups; however, they will not be able to restrict eligibility or Statewide-ness. States providing services under the auspices of 1915 (i) will be held to the same standards as with all state plan services.

Originally in the DRA, this section imposed the more restrictive eligibility criteria for people with disabilities at the lower floor of 150% of SSI. Since a majority of states used the 300% threshold in their waivers, section 1915 (i) fell short of its promise for most of the country. Yet, now with the ACA amendments, states can use the more generous cap of 300%, enabling all states to take advantage of the provisions.

The ACA allows states to target benefits to specified populations by diagnosis or by functional eligibility. Further, it allows states to define a discrete subset of services for each defined group. These provisions give states maximum flexibility during a critical time of austerity. States will no longer be obligated to provide an extensive “package” of waiver services that each enrollee is entitled to receive. This should allow states to bring people with disabilities who are languishing on waiting lists into supports without fear of “breaking the bank.”

CMS continues to encourage states to make self direction available to people with disabilities to plan and purchase all, or part, of their support plan. The State Medicaid Directors’ letter dated August 6, 2010 states that, “As with all 1915(i) services, the provision of these services must be in accordance with an individualized plan of care, which is based upon an independent assessment and a person-centered process driven by what is important to the participant.”

Finally, these changes become effective October 1, 2010 leaving little time for coalitions to rally the troops. It is incumbent upon state



Diane McComb

associations to become knowledgeable about the new provisions of section 1915 (i) and to educate their members, state legislators, political candidates, and state Medicaid officials.

A copy of the CMS letter to State Medicaid Directors letter can be found at this link: <http://www.cms.gov/smdl/downloads/SMD10015.pdf>.

Author LINK: Diane McComb is ANCOR's Liaison to State Association Executives Forum. She can be reached at dmccomb@ancor.org.



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2/09

RHA Howell Saves \$564,500, Reduces Turnover

Using CDS & WIN Together Reaps Benefits

By Tom King

RHA Howell, Inc., an ANCOR member, is always up for tackling any challenge that results in changed lives, changed minds and better opportunities. That's the agency's focus for the people with disabilities who they serve and support every day. RHA's mission is to open the world for people with disabilities and, in turn, enrich the lives of everyone they touch.

RHA Howell Inc. of Raleigh, N.C. has been supporting people with disabilities, and their families, for more than 35 years. Integrity, high standards for quality and hard work are at the core of every RHA Howell Inc. program. With a workforce of 1,400 and statewide supports for thousands of North Carolina citizens, it strives daily to provide unmatched disability supports and fearlessly advocate for people with disabilities. However, challenges remain.

Much like any other non-profit healthcare

In 2008, the agency set out to offer better solutions to the 90% of the workforce who have the heart, courage and tenacity it takes to support, educate, and foster self-reliance for more than 1,000 people with disabilities across the state.

"We knew any solution we offered would have to help our frontline employees combat the low wages and limited career ladder opportunities that accompany the direct support profession. The solution would have to enable us to reward our Direct Support Professionals (DSPs) for their hard work and offer them the recognition they deserve. The solution would have to be to create a way for them to 'WIN'," Hedrick explained.



RHA President Sam Hedrick

The Workforce Investment Network (WIN), initially funded by The Duke Endowment,

The Wachovia Foundation and The Triangle Foundation, is a program created to allow RHA to retain and professionally develop its team, while promoting team members through more defined career ladder programs in clinical, medical, educational, operational and administrative support.

"The most important impact that CDS has made at RHA Howell is increasing the knowledge and understanding of our employees to better understand the role they play in supporting the needs of those they support daily," Hedrick said. "Realizing that a person with intellectual and developmental disabilities is no different than anyone else is a powerful thing in the life of a DSP. CDS has helped our staff increase their understanding of the vital role of a DSP. CDS has helped increase staff morale. The quality of care a CDS graduate learns to provide to a person they support helps prepare them for any challenge they may face. Making a difference in the life of another is one of the greatest lessons that CDS teaches."

The combination of the WIN program and CDS has led to an estimated savings of \$564,500 in training new RHA employees over the two-year period. "We're proud to say that 91.8% of RHA Howell's CDS graduates are still employed with the company and 29 of our CDS graduates who are enrolled in WIN have received promotions. While it is difficult to attribute our cost-savings and decreases in turnover directly to CDS (since it is a part of our larger Workforce Development program), it is evident that the CDS program has had a positive impact on our staff and Workforce Development initiatives. We will continue to move forward full-force with utilizing CDS as a workforce development tool," Hedrick said.



RHA Grads

One of the most important steps its employees take in advancing through WIN is their completion of the College of Direct Support (CDS). For the 403 RHA Howell employees who have completed CDS coursework and graduated as DSPs, their career track is less challenging as a result of the amount of preparation CDS has afforded them. Since the average age of an RHA Howell employee is 41, CDS has helped these non-traditional students achieve their goals in obtaining a degree. CDS has been instrumental in the success of 140 staffers who, through WIN, have enrolled in a post-secondary education or certificate program. WIN has also enabled RHA to support employees in obtaining their GED's. Currently RHA has 250 employees enrolled in the CDS.

provider supported by Medicaid dollars, financial resources are limited. And, while RHA must rely on their frontline workers, they still wrestled with high turnover rates among direct support workers, hindering its ability to move forward full force with gaining ground with cost-saving initiatives. "We still had to constantly face the harsh fact that our workforce challenges were hurting us. Since the first step in change is realizing that there is a need for change, we decided to pioneer that change," says Sam Hedrick, President of RHA.



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AUTHOR LINK: Tom King is Director of Communications for the College of Direct Support. You can contact him at 1-877-353-2767 (toll free) or via email at tking@collegeofdirectsupport.com.

To find out about the ANCOR Foundation partnership with the College of Direct Support and the ANCOR Member Buying Pool, contact Bill Tapp at 1-877-353-2767 (toll free) or email him at Bill@collegeofdirectsupport.com.

2010 ANCOR Events Calendar

September

12-14 ANCOR's Governmental Activities Seminar *with DSPs to DC and ANCOR's 40th Anniversary Party*
Washington, DC

23 Webinar: Using Data from National Benchmarking Project to Drive Systems Change, produced in conjunction with NASDDDS and HSRI

October

21-22 The Tenth Annual Coleman Institute Conference on Cognitive Disability and Technology, with ANCOR and NCCBH Technology Leadership Summit, Westminster, CO



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