

## Embracing Performance Excellence

### Assess Your Performance Excellence Outcomes

By Rebecca Guess

ANCOR is bringing practitioners and industry experts together to help drive the development of quality supports for individuals with disabilities through its innovative Performance Excellence Initiative (PEI).

In partnership with DEYTA, a national statistical research firm, ANCOR has developed a national performance excellence benchmarking system for providers, by providers. PEI has been collecting quality benchmarking data on supports to people with disabilities since 2008.

By comparing retention, turnover and stability rates across specific service models, different types of support systems and states, an agency can begin to identify trends. Currently, ANCOR has three years worth of data to review and begin discussion regarding possible trends emerging.

PEI metrics for Direct Support Professional (DSP) stability, retention and turnover were adapted from the research conducted by Sheryl Larson, University of Minnesota.

While this data only reflects the DSP retention, turnover and stability, additional data

regarding satisfaction of people supported, families, and staff is also collected.

It is anticipated that the data demonstrating objective quality performance levels will allow providers to justify revenue in comparison to others state departments in a declining fiscal environment.

For the purpose of this initiative, a DSP is a person/employee whose primary job responsibility is to provide support, training, supervision and personal assistance to people being supported by the agency. At least 50% of a DSP's hours are spent in direct support tasks. DSPs may do some supervisory tasks, but their primary job responsibility and more than 50% of their hours are spent doing direct support work. Staff whose position would be classified as "on-call" would not be included.

#### DSP Retention Rate

Retention is the tenure or the length of time a DSP has worked for a site or agency. To

See PE Outcomes, page 5.

Figure 1.

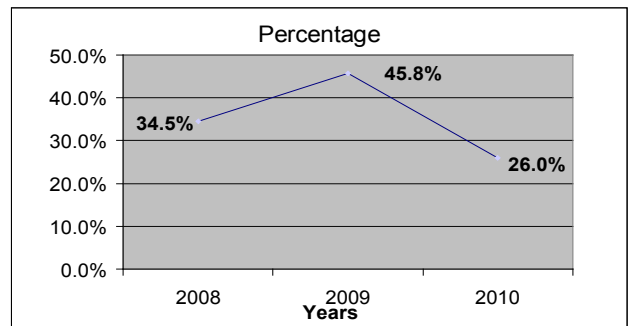
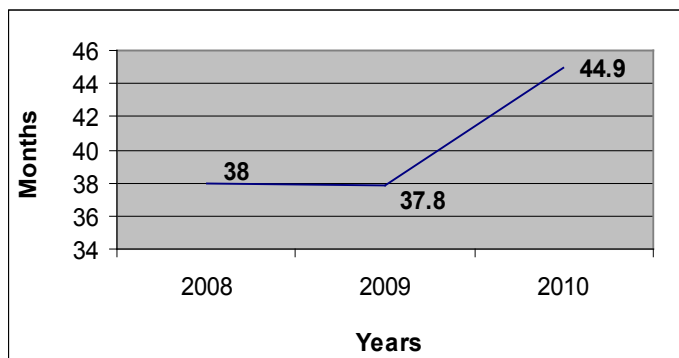


Figure 2.

compute the average retention of DSPs at a particular site or agency, list each DSP and the number of months the DSP has been at the site (or in the agency). Add the number of months for each DSP at the site (or in the agency) and divide by the total number of DSPs. The result will be the average number of months DSPs have been at the site (or the agency).

In 2008, the reported retention rate for PE was 38.0 months; this decreased slightly in 2009 to 37.8 months. Preliminary results for 2010 indicate the retention rate increased to 44.9 months. (See Figure 1.)

#### Inside this Issue of LINKS:

For more articles on ANCOR's Performance Excellence Initiative, see pages 7, 8, and 9.

Find out what Managed Care means for you on pages 2, 3, and 25.

See what you missed at ANCOR's 2011 Conference on pages 10-18.

# CEO Perspective

## Are We Ready to Embrace a New World?

By Renee Pietrangelo  
ANCOR CEO

We've been hearing a good deal about entering a prolonged period of scarcity and the real risk of regression after all that we've accomplished as a disability community over the past 40 years to assure real lives of choice for the people we serve. A Robert Wood Johnson Report released this spring, *Vulnerability 2030—Rethinking the Future for Vulnerable Populations*, offers numerous scenarios that present alternative futures and implications for improving the outlook for our most vulnerable populations, which must, of course, include people with disabilities.

At the same time, each of us has a set of mental models that shape the assumptions we make about the world around us and about the future regarding politics, business, society, human services—even about how we perceive our position in the world. By understanding how to bring our own assumptions and those of others to light, leaders can create mutual and meaningful dialogue that propels their organizations through the challenges of the future.

ANCOR President Wendy Sokol presented her world view at the recent ANCOR 2011 Conference: *Leading Cultures of Innovation and*

*Advocacy*, which envisions a future of human services delivery in a managed care environment. To be sure, her world view countered the world view and mental models of some. Her presentation also raised concerns that this was ANCOR's world view.

ANCOR has taken no position on managed care. What ANCOR is trying to do is lead the way to articulating a vision and values that would be integral to an effective managed care framework; to enjoin provider organizations to recognize that others may not share our assumptions about how the world could or should work—federal and state government in particular; and to garner and focus attention and dialogue about the greatest change facing service delivery since the inception of community-based supports and services. We have an active and multidimensional effort underway to educate members about managed care and prepare us to advocate intelligently within our states to assure the best possible outcomes.

It's incumbent upon ANCOR to create a safe environment in which collective thinking and deliberation can occur for the benefit of all. This requires a commitment to honestly engaging in difficult issues so that everyone learns and benefits; making decisions based on the best interests of our stakeholders; making rea-



Renee Pietrangelo

soning explicit; querying others about their reasoning without being critical or accusatory; and engaging in a true dialogue. We would breach one of our most important responsibilities as a national organization of private, community service providers if we did not do this.

Join us online at the [ANCOR Connected Community](#), and make plans to attend our Managed Care Summit later this summer (dates soon to be posted) so we can best arm ourselves collectively to shape the direction of supports and services into the future—not only in the short term, but visioning beyond to 2030. If we don't, we risk the calamitous consequences experienced by other industries who failed to do so. ●

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#### Corrections:

1. In the June 2011 issue on p. 1, Gina Bartlow was described as a "single mother." She has, in fact, been married for many years.
2. In the June 2011 issue on p. 8, Heather Pickering and Andrea Schaefer's names were inverted. Flutter was writtend and directed by Heather and choreographed by Andrea.

# President's Corner

## A Message to ANCOR Members from President Wendy Sokol

By Wendy Sokol  
ANCOR President

At our 2011 ANCOR conference on June 6, I delivered ANCOR's first ever "State of the Union" address. It is very important that all members know and understand that the views I expressed in this speech are representative of my perception of the current and potential future reality of our industry. Those expressed opinions are not representative of the opinions of ANCOR's Board of Directors, staff or representative leadership.

I was aware that some ANCOR members might find my remarks to be controversial and discomfiting. I stated, "Never before has an ANCOR president delivered a State of the Union address...but never before have we faced such a momentous juncture in our collective endeavor. With a historic recession nipping at our heels...all sectors of the American economy are entering a time of profound change.

**If we allow my presentation to distract one provider from our collective mission, then this would be an inexcusable loss and a disservice to ANCOR and our industry.**

To our credit, adapting to change has always been a part of the disability culture. We're good at it.... ANCOR's good at it. And as long as we continue to empower ANCOR's influence with our determination and 'can-do' spirit, we can transform even today's daunting challenges into robust opportunities."

I then expounded on these daunting challenges and stated, "For decades, the disabilities movement pleaded for equality under the law. And now that we have, to a great degree, achieved that goal...we must face the same painful consequences as every sector that is struggling to survive the convulsions that are redefining our economic landscape.

"Every industry in America is being challenged to rethink their fundamental premise for doing business. They're all undergoing their own 'transformation' to assure viability and sustainability in a new environment of scarcity. No sphere of business or public services has been spared...including ours. Just like America's automotive, retail and publishing industries,



Wendy Sokol

we too must rethink who we are going to be in the future—and what it will take for private providers to remain a dominant force in the continuum of care for America's most vulnerable citizens."

I then presented a paradigm in which services could transition to a variant of the managed care model. This is the model that has been employed to deliver services in Arizona for more than 20 years. I stated, "Now I understand...the very mention of managed care can be unsettling," and based on the feedback from people who heard my presentation, some of our members found this presentation to be very unsettling.

See *State of the Union*, 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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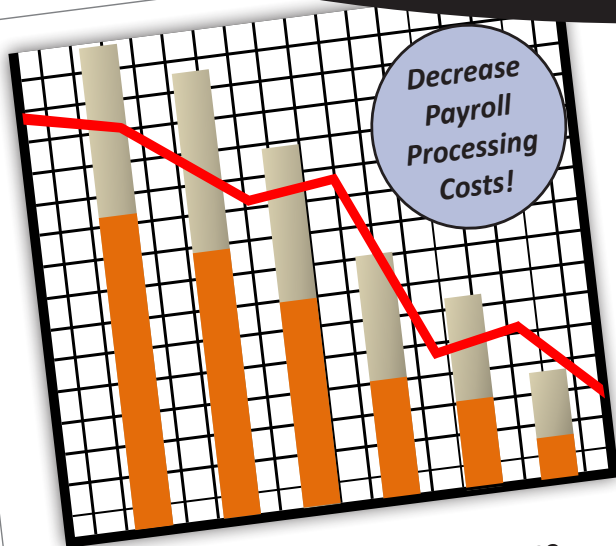
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State of the Union, from page 3.

I continued to state, “But truth be told, private providers can successfully ‘manage’ and thrive in a managed care environment by being part of the conversation...and thanks to ANCOR, we already are. ANCOR’s been actively engaged in helping to shape models for the delivery of supports and services that are both budget-conscious and values driven.”

I attempted to offer reassurance and stated, “No providers in Arizona went out of business as a result of instituting managed care. We are all alive. We are all honoring our person-centered missions. And we are all benefiting from an equally empowering model that honors all vulnerable populations with similar thresholds of support and opportunity.

“With our input and ANCOR’s input, managed care options can evolve into a healthy, positive system that puts individuals and families in charge. As such, managed care models foster ultimate expressions of self-determination...and, in many ways, is a much purer and truer form of the values we’ve been espousing all along.

“Be assured, adult children in group homes with elderly parents will not be abandoned. And those with profound disabilities will still be able to live in group homes with ‘round the

clock’ support. However, people who are new to the system will be acculturated very differently...and 24/7 care will be limited to those with the most significant needs.

“Under managed care models, providers will no longer be in the business of delivering every kind of support for a lifetime. States will develop one waiver and one billing system...which is more streamlined...and actually frees providers to channel resources into creating new opportunities rather than managing the bureaucracies that accompany multiple funding streams.”

I summarized the problems with the current group home model and why I believe that in a managed care model that offers strong “in-home” supports, many younger families would not consider a group home a model of choice. Thus, providers who wish to participate and grow in our changing industry will need to prepare for the changes we are all facing. I described the role ANCOR can play in helping providers prepare for this change and invited our membership to ANCOR’s Managed Care Summit that will occur later this year.

I was very much aware that my remarks might be considered controversial. My intent was clearly to “disturb and stir’s people’s imagination.” My intent was not to be divisive. I apologize to any ANCOR member who was offended.

If we allow my presentation to distract one provider from our collective mission, then this would be an inexcusable loss and a disservice to ANCOR and our industry. Never before have we faced such a momentous juncture in our collective endeavor as we face today; but I believe through collective advocacy, through ANCOR, we can transform today’s daunting challenges to robust opportunities.

I encourage all ANCOR members to participate in a discussion on [ANCOR’s Connected Community](#). How did your president’s “State of the Union” address resonate with you? How do you perceive supports and services will be delivered and funding in the future? Is managed care being discussed in your state? What do we need to do to effectively straddle the old and the new to honor commitments that were made?

In closing, let me quote from my presentation an expression that I think is very poignant and salient at this time: “In a world where collective bargaining is actually back on the bargaining table, we need to protect and preserve our own collective might...for where are we if we don’t have each other?” ●

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PE Outcomes, from page 1.

### DSP Turnover Rate

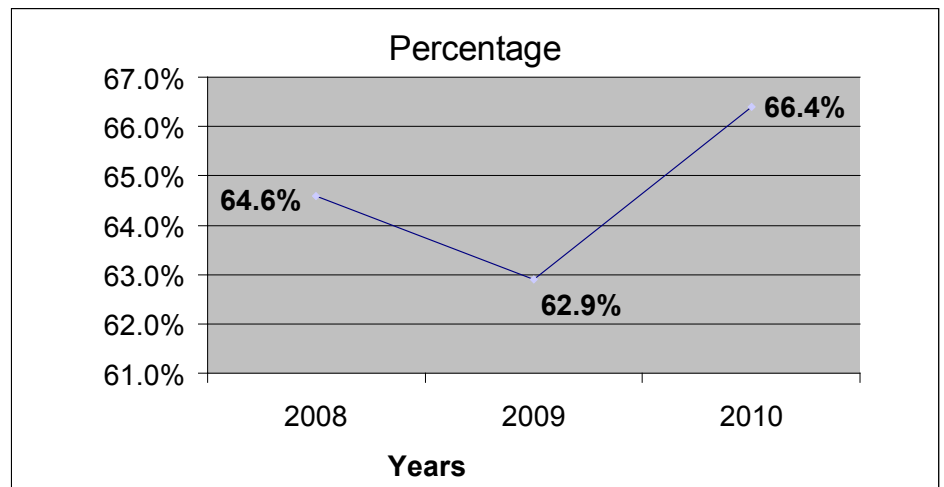
The turnover rate compares the number of DSPs who quit to the number of positions in a site or agency. To compute the turnover rate in a particular site or agency, count the number of DSPs who left the site, or agency, within the past 12 months. Include all DSPs who left, even if they quit or were fired one day after hire or were hired but never showed up for work. Divide this number by the average number of DSPs at the site, or agency, during the last 12 months.

In 2008, the reported turnover rate for PE was 34.5%; this increased notably in 2009 to 45.8%. Preliminary results for 2010 indicate the turnover rate decreased markedly to 26.0%. (See Figure 2.)

### DSP Stability Rate

The stability rate reports longevity of DSPs working at a site or within an agency. To compute the stability rate at a particular site or agency count the number of DSPs working at the site, or agency for one or more years. Divide this number by the total number of DSPs working at the site.

Figure 3



In 2008, the reported stability rate for PE was 64.6%, this decreased ever so slightly in 2009 to 62.9%. Preliminary results for 2010 indicate the stability rate slightly increased to 66.4%. (See Figure 3.) ●

We encourage you to join PEI to not only learn how you compare to others, but to also help build a database which will be hard to ignore. For more information about PEI, click [here](#).

On July 14, Deyta will be hosting a free webinar to discuss the preliminary results for 2010’s data collection. For more information on this webinar, click [here](#). For more information on ANCOR’s PEI, contact Debra Langseth at [dlangseth@ancor.org](mailto:dlangseth@ancor.org).

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## What Agencies Are Saying About PE

Still on the fence on how the Performance Excellence Initiative can help you? Here's what other agencies have to say:

"Dakota Communities uses its Performance Excellence results to develop action plans for the agency. The Board of Directors uses the data for developing and reviewing the strategic plan. We use the data and relate it back to our mission, vision and values. While the data has invaluable benefits as a communication tool for the Board of Directors, guardians, self-advocates and employees.

"It has really helped self-advocates have a voice in Dakota Communities. As a result, there have been many opportunities to use the data and create meaningful change.

"Deyta provides year-round support in answering questions about setting up additional surveys that ensure we ask the correct questions. We feel we receive invaluable benefits from the PE experience—and results which guide us in our daily activities."

**—Antonia O'Brien**

Director of Community Life at  
Dakota Communities  
[tonio@dakcom.org](mailto:tonio@dakcom.org)

"I am relatively new to the Performance Excellence Initiative Task Force, but feel that ANCOR needs to give more than 'lip service' regarding the need for benchmarking in order to gain greater recognition with the trade association industry. This means providers need to step up and submit their data.

"It has become incredibly easy to submit data this year in that Deyta (the independent third party which compiles and analyzes the data) has agreed to enter the data for us.

"As a national trade association, ANCOR has asked some tough benchmarking questions: How can we/providers operate without a system of which to measure status and progress? How can we establish benchmarks and measure against them if we don't have enough data against which to compare our status? Without benchmarking, how can ANCOR meet the standards to which trade associations are held?

"At Dunganarvin, we expect benchmarking to be more and more helpful as it matures and becomes more robust because of more providers submitting data. We recognize that the Performance Excellence Initiative is in its early stages and needs to grow; however, we believe

our investment of time and data is an important investment in ANCOR as a trade association and leader in the field of disabilities.

"We are committed to the mission and vision of the Performance Excellence Initiative, and believe that when PEI is mature, it will be an invaluable tool. We use the data within our agency and compare ourselves to others within the state, agencies of similar size, and review our self against the national benchmarks.

"ANCOR needs more providers to contribute to the national collective of benchmarking and it has been made remarkable easy this year. Join us in developing a true national quality database!"

**—Dave Toeniskoetter**

CEO of Dunganarvin and Co-Chair of the  
ANCOR Performance Excellence Task Force  
[dtoeniskoetter@dunganarvin.com](mailto:dtoeniskoetter@dunganarvin.com)

"We are just getting acclimated to Performance Excellence. In 2009, we submitted the employee data (turnover, retention) and began establishing our baseline. We used the data to compare to other providers in the state (Iowa). In 2010, we submitted satisfaction surveys of staff, guardians and family members. We will continue to submit additional data yearly.

"We find the process and report a valuable tool to 'get the temperature' of where we are compared with other agencies. It helps identify strengths and areas for potential improvements.

"We are excited about the Preventive Health tracking, as it will help us to further monitor and evaluate the health status of persons served. We are still getting our feet wet, but the more we can steep ourselves in PE the better. We are anxious to use the reports as a tool to improve services going forward."

**—Christa Hanson**

Information Management Director at Exceptional Persons, Inc.  
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"Exceptional Persons, Inc. (EPI) uses the tool internally as a baseline for measurement that we communicate to our external stakeholders. We are anxious for other providers to join PE so the base of information broadens.

"We are especially excited about the preventive health/wellness aspects coming on board for PE. The value of the tool allows us to measure

## Coming Soon: The Performance Excellence Toolkit!

By Rande Lang

You've decided to participate in the Performance Excellence Initiative. Now what? The Performance Excellence Toolkit will guide you through every next step of the process. From getting a password and accessing the Performance Excellence (online) Tool for the first time to generating reports and interpreting the comparative data, the toolkit will have what you're looking for.

And we're not just talking about answering the "how to," but even the "why." For example, the toolkit will help guide you through establishing your company profile to maximize the amount of comparative data available, as well as how to enter that information into the tool itself.

Don't worry—there will be something in the toolkit for seasoned participants as well. The Performance Excellent Initiative is ever evolving. In turn, changes to the toolkit will be made to ensure all participants have the information they need to successfully participant in the process.

Watch for the new Performance Excellence Toolkit in preparation for the 2011 data collection process! ●

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EPI across the nation of provider participants creating a reliable perspective of how we are performing. The comparison allows us to more accurately critic our performance.

"The testimonies of achievement provided by the most successful five organizations using Performance Excellence have been exceptionally useful. It was helpful to learn how those providers reduced turnover and increased retention. The information allows EPI to evaluate the methodologies, tweak them to fit our operational protocols and strive to better our outcomes. EPI is anxious to learn who is included in 2010's most successful organizations.

"We feel PE is a universal tool to be used regardless of where the organization is located. As a Midwest provider, we now have the opportunity to view ourself against a large variety of geographically demographics.

See *Testimonials*, page 8.

“EPI believes PE adds value and credibility to the services we provide to people. It communicates the intent of participating providers with measuring outcomes leading to an increased level of professionalism within the industry. PE is a serious commitment to validating the services provided by ANCOR members. These measurements will prove to be useful tools to those (legislators, CMS, advocates) determining the future course of service provisions to persons with disabilities.”

—**Susan Seehase**

Services Director at Exceptional Persons, Inc.  
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“Family Residences and Essential Enterprises (FREE) has participated in the Performance Excellence Initiative for two years. The first year we collected data on staff retention and turnover, as well as staff and family satisfaction. This past year, we collected only staff data but will include the satisfaction data again in 2011.

“We are proud to be participating in the Performance Excellence Initiative and are always anxious to see how we compare to others within the state as well as nationally. Internally, we review our ‘top 10’ programs with the best retention rate then share, celebrate and study further their operations so we can increase retention in our other programs.

“Our CEO, Robert Budd, is beginning ‘Breakfast Blends’ with the staff to flesh out their desires for the agency and the people we support. The staff have identified that while money is a good incentive, there are other reasons to stay at the agency. As a result, we have implemented a wellness program to increase the physical health of the staff. We have built upon that and now cosponsor ‘Action Long Island,’ a wellness initiative.

“As a result of the great success we’ve had because of listening to our staff’s suggestions, we are also considering participating in the Performance Excellence Preventive Health pilot. We want everyone to be healthy and we suspect that once again the PE data will keep up focused on wellness and we suspect will improve the health of the people we support.”

—**Richard G. Timo**

Divisional Director of Family Residences and Essential Enterprises (FREE)  
[rtimo@familyres.org](mailto:rtimo@familyres.org)

“We have found the Performance Excellence data beneficial. We’ve used it to improve our

## Preventive Health Care Measures and You

By *Larry Weishaar*

As we work to roll out the Preventive Healthcare measures in the Performance Excellence quality benchmarking database, it excites me that what we are doing will improve the lives of the people we support as well as those we employ to provide such supports.

As we look at our first measureable of obesity and overweight, we can have a significant impact on the overall health and mortality of many. As stated at the DSPs to DC event, June 6–8, the reduction of any person from being obese to overweight or overweight to their normal weight range will most likely add years to their life.

This works to address some very serious issues:

1. People are sick more often. People who are obese miss three more days of work per year due to their obesity.
2. People die prematurely. One-fourth of people with intellectual disabilities living

facility because the staff have noted on the satisfaction survey those areas which need improvement; we’ve used their suggestions to make improvements. Staff have also identified other issues regarding staff or the people we support and we’ve used their comments to make additional changes.

“We have confirmed that our turnover rate has stayed pretty consistent and we’re maintaining the ‘status quo’ on staff turnover and retention. That’s not bad!

“We report the data to the Board of Directors but the actual reports are used primarily at the director level. The directors make changes throughout the programs and agency as needed to assure high quality services.”

—**Jessica Andreas**

Director of Human Resources at Mt. Olivet Rolling Acres  
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“We are a small provider in the Midwest; oftentimes, we find that there aren’t enough other similar providers submitting data to do true benchmarking. It would be helpful if there were more providers submitting their data.

“When we get the data results, we find the data confirms what we suspected. We talk with staff and try to determine why there are ‘blips’ in our report. Because we immediately address

in group homes die 5–7 years prematurely due to unnecessary factors related to their weight/poor health.

3. Medication costs.
4. Job-related injuries.

There are great programs out there that will help any agency work for better nutritional and physical health. As part of the PE program, leading practices are available and we will continue to seek out programs that are proving successful and share so all can benefit. We plan webinars as well as direct links to provide information.

If your agency is conducting wellness and preventive programs, please contact [Debra Langseth](mailto:Debra.Langseth@ancor.org) ([dlangseth@ancor.org](mailto:dlangseth@ancor.org)) so we may share your successes and learn from you! ●

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the issue we find the data is helpful. “We submit data regarding staff turnover and retention and will be submitting data on preventive healthcare measures.

“We feel it is very important for ANCOR to have sufficient data to use in advocating for us providers on a national scope. We also recognize, however, that more small providers like us, and those in the Midwest, need to participate to provide meaningful benchmarks. We as providers need support in Washington, D.C.”

—**Fred Romkema**

CEO of Northern Hills Training Center  
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—**Dan Cross**

Staff Development Coordinator at Northern Hills Training Center  
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“OHI uses Performance Excellence to improve ourselves—and to contribute to a national body of knowledge about quality. We review our annual results with all departments, their teams and all staff to measure our progress from year-to-year. When meeting with the employees, we ask for their input in setting key goals which address the data results.

“Perhaps because of that important employee input, we have seen our turnover decrease. We



have also been able to implement staff recommendations and provide financial incentives for longevity. When staff learned that each person who leaves and must be replaced cost us approximately \$8,000, they were pretty creative about finding ways for that money to stay within the program. In fact, their suggestions have led to financial savings throughout OHI.

“However, the biggest effect from the Performance Excellence Initiative data results has shown:

- People we support are happier, because the staff is stable.
- Staff is more satisfied, which has resulted in improved performance.
- Staff believe their voice counts; their suggestions have been implemented and they have taken the lead on some of the changes.

“OHI is a true believer in measuring progress, and we look forward to getting our results each year!”

—**Bonnie-Jean Brooks**  
CEO of OHI, Maine  
[bbrooks@ohimaine.org](mailto:bbrooks@ohimaine.org)

If you are interested in joining the Performance Excellence Initiative or would like more information, contact Debra Langseth at [dlangseth@ancor.org](mailto:dlangseth@ancor.org). ●

## ANCOR's Performance Excellence Initiative Expands Again

By David Braddock

With proper support, most people with intellectual disabilities (ID) can be expected to live essentially normal life spans, particularly if they are provided with timely medical care and taught and encouraged to live healthy, physically vigorous lifestyles and to eat a nutritious low-fat diet.

However, the comparatively inactive lifestyle patterns of most people with ID in residential care, including those living in the family home, leads to a high incidence of obesity and cardiovascular disease, and it mirrors the poor lifestyle choices being made by many Americans who are nondisabled today as well. Thus, we have come to expect significantly higher than necessary mortality rates for the 600,000 people with people with intellectual disabilities currently living out of home residential settings across the United States today.

I am therefore very pleased to learn that the ANCOR Performance Benchmarking Project has developed the organizational capacity to gather statistics on cause of death by people with ID living in ANCOR members' residential settings nationwide.

Gathering and analyzing these data is an important step forward in providing the nationwide

longitudinal information necessary to help shift our practices away from merely providing “residential care” to that of “promoting positive lifestyle choices,” and in the process to extend both the quality of life and the lifespan as well.

The Performance Excellence Preventive Health Initiative will collect data on obesity and overweight issues by calculating the Body Mass Index for those supported; dental care; medication-related issues; and vaccinations. As with prior aspects of the PEI, providers may choose which portions of the menu of preventive health data sets to submit to Deyta.

We encourage you to join PE to learn your benchmarking numbers, contribute to a national database on quality measures, and provide valuable data for first ever research on the cause of death for people with I/DD. ●

To join the Performance Excellence Initiative contact Debra Langseth at [dlangseth@ancor.org](mailto:dlangseth@ancor.org).

Author LINK: David Braddock, Ph.D., is professor and executive director of the Coleman Institute for Cognitive Disabilities at Colorado University and director of the Coleman Institute's Research and Training Center (RTC) on Community Living. He may be reached at [braddock@cu.edu](mailto:braddock@cu.edu).

## Scioto provides residential homes for people with disabilities ...in communities everywhere.

Scioto's focus, as the number one provider of housing solutions for people with disabilities, is to help providers address the complexities of this market. Our team of specialists is flexible enough to develop solutions for even the most complex housing situation. Our goal is to allow providers to focus on the delivery of services to the people they support, instead of housing issues.

Scioto is happy to be represented at the  
ANCOR Annual Conference in June

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**Larry Weishaar** is the Vice President of Customer Relations and Quality for ResCare, Inc. He is a member of the ANCOR Board of Directors and co-chairs the ANCOR Performance Excellence Committee.



**Dan Berkowicz** is the former and founding executive director of New Hope Community in Loch Sheldrake, New York. Dan was active in many ANCOR committees, as well as the Board of Representatives.



**Dennis Felty** is the CEO and founding president of Keystone Human Services in Harrisburg, Pennsylvania, which has since expanded its services internationally. Dennis served as a member of the Clinton Global Initiative.



**Julian Streett** was executive director of the Arkansas state DD association, Community Resources Network. Using his experience as a former state legislator, Julian helped preserve the day habilitation option used in 20 states in 1992—a major ANCOR victory.

**Amy Gerowitz** is a former president of the ANCOR Foundation. She was also the founding consultant of the team that helped create the Ohio PATHS Direct Support Program.



## 2011 Legacy Leaders Circle



**John Rose** began his career at Liberty ARC in Amsterdam, New York. He has transitioned into director of a day program in New Hampshire. John previously served on the ANCOR Foundation Board.

**Than Johnson** is currently CEO of CRSI in Urbana Ohio. He is currently on the ANCOR Board of Directors and co-chairs Government Relations. Than was a two-term president of the ANCOR [Board of Directors].



**Rene Pietrangelo** was appointed CEO of ANCOR in November 1999. Since that time, she has orchestrated the development/transition of infrastructure, systems, processes and governance structure to support the vision and mission of ANCOR.

**J. Gary Mattson** served as president of ANCOR's board of directors in the early years and has the distinct privilege of being the only five-year term president in the history of ANCOR.

**Peter Kowalski** is executive director of John F. Murphy Homes in Auburn, Maine, and is the immediate past president of ANCOR. Peter served two terms as president of the ANCOR and co-chaired the National Advocacy Campaign.



# Gold Partners Hold the Spotlight

ANCOR's Gold Partners held the spotlight at ANCOR's 2011 Conference: *Leading Cultures of Innovation and Advocacy* in the conference breakout session, *Achieving Solutions to Program and Business Challenges*. Before an audience of nearly 60 people, they each presented the individual solutions to different provider program problems they had solved.

The session—facilitated by Chris Sparks, executive director of Exceptional Persons Inc. —gave a step-by-step account of a program/business challenge experienced by a provider and the collaborative steps it took with the gold partner to achieve a positive outcome. Gold Partners presenting included CareTracker, Deyta, Medline, Rest Assured, Scioto and Solana.



Conference participants break with ANCOR Gold Partner CareTracker.



Conference participants break with ANCOR Gold Partner Medline.

Was this session worthwhile? Comments from audience members help tell the story:

**“This solutions-oriented session was the most valuable session I attended at the conference. ANCOR should consider having it as a keynote at future conferences.”**

**“As the CEO of an agency, I wasn't sure this was the right session for me to attend with so many others of great interest and value. As it turns out, I now find myself contacting three of the Gold partners to help me with my agency problems.”**

To learn more about ANCOR's Gold Partners and the solutions they offer, [click here](#). For information on the Gold Partner program, please contact Marsha Patrick, ANCOR development director. ●



## Burial Insurance for those with Intellectual and Developmental Disabilities

Do any of these situations apply to you?

- Have you had an individual you support pass away with little or no funds for their burial expenses?
- Would you like a systematic way to track the burial arrangements of the individuals you support?
- Do the individuals you support face “spend down” situations?
- Do the people you support need the ability to make payments for their burial expenses, based on their monthly budget?

If you have answered **“YES”** to any of these questions, let our team introduce you to **Special Life**; a life insurance program to fund the burial expenses for the individuals you support.

Contact:

**Ruth M Wolf**, Senior Account Executive  
The Glatfelter Agency  
221 W. Philadelphia St. Suite 400 • York, PA 17405  
1-800-632-1884 • [www.glatfelteragency.com](http://www.glatfelteragency.com)  
[rwolf@glatfelteragency.com](mailto:rwolf@glatfelteragency.com)



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# Medicaid Under Siege on Capitol Hill—Act Today!

ANCOR's 2011 Conference: *Leading Cultures of Innovation and Advocacy* proved timely as Medicaid, the association's number-one public policy issue, quickly became the focus on Capitol Hill in the 112th Congress amid talks around deficit reduction and the debt ceiling. A key session at the conference, *Medicaid Under Siege*, outlined the key threats to Medicaid on the federal level.

The messages, delivered by ANCOR Senior Policy Advisor Suellen Galbraith and The Arc Director of Public Policy Marty Ford are vital for all ANCOR members to hear—not just the conference attendees. “We are in for the fight of our lives, for the people we serve,” Ford stated. Medicaid is under attack and there is limited time to advocate and influence decision making.

## What are the threats?

Proposals are being discussed to cut federal Medicaid funding. These include repealing the “Maintenance of Effort” requirements, converting Medicaid from an entitlement to a fixed Federal payment block grant and applying arbitrary spending caps across-the-board. These proposals are also including enforcement mechanisms that will force block grants, even if the phrase “block grant” is never used. For more information on these specific proposals, please see the presentations by Ford ([click here](#)) and Galbraith ([click here](#)) and ANCOR Issue Briefs on [spending caps and block grants](#).

## What Is at stake?

Medicaid is the lifeline for individuals with disabilities of all ages. As ANCOR members' primary funding source, Medicaid is the joint federal and state partnership that provides health and long-term services for more than 58 million vulnerable children, individuals with disabilities and the elderly. These cuts will not just harm individuals with disabilities, but everyone who depends on vital Medicaid services.

## What Does Congress Need to Know?

The proposed changes Congress is considering would dramatically reduce enrollment, eligibility and benefits to those most in need of services—even long-term supports and services. Costs would be shifted to beneficiaries, providers and states ill-prepared to assume the additional financial burden. Many legislators do not realize that many Med-



Suellen Galbraith and Marty Ford

icaid services are delivered by the private sector—ANCOR providers. Proposals on the table would restrict expenditures artificially, causing job loss in the health and social services sector at a time when we need to create jobs.

Providers are already unable to continue supporting individuals in certain states where budgets have been drastically slashed. With federal cuts on top of state cuts, even more providers will be dissuaded more providers from participating in Medicaid. These cuts will likely drive individuals with disabilities back into state-run institutions.

## What Can You Do?

Members of Congress must hear from ANCOR members. Representatives, Senators, and their staff are not hearing from those with a stake in long-term services and supports, particularly providers.

**While you may be weary from fighting battles in your state, you must take your message to your federal officials: Ask Congress not to cut Medicaid.** Meet or talk as soon as you can with your Representative and Senator or their staff. For more [ideas and the talking points](#) to use in your meetings or phone calls, visit ANCOR's [Summer of Independence webpage](#). ANCOR members need to reach out before it's too late—we must turn the tide and save the Medicaid lifeline.

Don't forget to let ANCOR know about your discussions with your federal officials. Use [ANCOR's feedback form](#)—this information helps ANCOR staff in their discussions with members of Congress and their staff. ●

*Questions? Contact Mary Pauline Jones at [mpjones@ancor.org](mailto:mpjones@ancor.org) or 703-535-7850, ext. 108.*

## ANCOR Member Jim Richardson Retires



Long-time ANCOR member **Jim Richardson** retired as CEO and President of Cedar Lake in Louisville, Kentucky, on June 30—a post he has held for 34 years. “It has been my privilege, and honor, to work as Cedar Lake's chief executive,” Richardson said. “They gave me the opportunity as a young professional in 1977, and these years of their faithful support, trust and guidance has made my tenure at Cedar Lake so professionally and personally rewarding.”

When Richardson joined Cedar Lake in 1977, it served 28 individuals on a budget of \$500,000. Today, Cedar Lake's operating divisions serve 240 individuals, with a budget in excess of \$20 million. During his tenure, Cedar Lake has become a leader in the field of care for adults with intellectual disabilities, and has earned high marks in job satisfaction and long-term employee service.

Richardson has assisted the process of the executive transition and plans later in the year to explore service as a part-time consultant to organizations throughout Kentucky in the field of intellectual and developmental disabilities so that he can spend more time with his family.

Jim was not only a leader in Kentucky, but also on the national scene. He previously held seats on the ANCOR Board of Directors and was active in ANCOR's Government Relations initiatives. Jim was also appointed to the first class of ANCOR Foundation Legacy Leaders. ●

## Mark Perriello Joins AAPD

Mark Perriello, longtime civil rights leader and current aide to President Barack Obama, has been named president and CEO of the American Association of People with Disabilities (AAPD), the country's largest cross-disability membership organization.

Before serving as White House liaison at the U.S. Department of the Interior, Perriello worked as the White House priority placement director, placing diverse candidates in jobs in the Administration. Prior to that, Perriello served in leadership roles in the LGBT community fundraising, organizing and developing communications strategies at the Human Rights Campaign and Gay & Lesbian Victory Fund and Leadership Institute. Perriello is the Founding Treasurer of the Disability PAC, which is the only federal cross-disability political action committee. He is also a Board Member of Disability Power & Pride. ●

# DSP iPod Winner Announced

ANCOR is pleased to announce that Margaret Knapp of OHI is the winner of a brand new iPod Touch and \$25 iTunes gift certificate. She was one of more than 80 DSPs who completed the DSP profile questionnaire on the *You Need to Know Me* website or reported on their DSPs to DC experience on the ANCOR Connected Community (ACC).

ANCOR will be featuring DSP profiles on the site on a rotating basis, and Margaret will be the first DSP featured.

## You Can Still Win

As our annual DSP of the Year Recognition Contest makes clear, ANCOR members' DSPs are some of the most dedicated, hard-working, innovative people around. ANCOR wants to continue to provide a forum for DSPs to share with and learn from each other. That's why we've established a Direct Support Professional (DSP) community on the ACC.

And DSPs on the ACC can participate in our Member Engagement Competition. You can win up to \$250 cash just for being active on the ACC. (See article "Second Quarter Engagement Winners Announced" on p. 20 for more details.)

## Get on the ACC Today

We encourage all DSPs to visit the ACC at <http://ancor.connectedcommunity.org> and start using this tool to ask questions and share ideas with other DSPs.

Here are some tips for getting started on the ACC:

First, you need an ANCOR password to log on. If you don't already have one, visit [here](#). One of the first things you'll want to do once you're on the ACC is complete your profile and establish your privacy settings. For instructions on doing that, go [here](#).

If you participated in the iPod contest, we've already subscribed you to the DSP community on the ACC. If you're not already subscribed, you'll want to join the discussion group. Directions for that can be found [here](#).

We hope you'll want to share documents, images and other files with other members. Did you take pictures at DSPs to DC? That would be great to share! You find instructions to do that [here](#).

Feel free to use the ANCOR Forum discussion group to ask questions about using the ACC. And, you can always get help by contacting Alexandra Bradley or Tony Yu directly. ●



## Featured DSP: Margaret Knapp of OHI

### For how long have you been a DSP?

5 years

### Why did you become a DSP?

I happened into DSP work when I was unable to find a nurses assistant position upon moving from Rhode Island to Southern California in 2005.

### If you had one wish, what would it be?

For all people to be treated fairly.

*To read more about our featured DSP, click [here](#). To submit your own DSP questionnaire for a chance to be featured on the *You Need to Know Me* website, click [here](#).*



## U.S. Bank congratulates the 2011 Direct Support Professionals of the Year

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# CMS Presents “A Strong Foundation for System Transformation”

An ANCOR conference in the Washington, D.C. area is not complete without hearing from the Centers for Medicare and Medicaid Services (CMS), specifically the Disability and Elderly Health Program Group (DEHPG). Mary Sowers, senior policy advisor, provided attendees with critical information on CMS activities.

This session allowed ANCOR members to directly give feedback on current Notice[s] of Proposed Rule Making (NPRM) recently published that impact long-term supports and services. Sowers emphasized the importance of ANCOR’s involvement in this process and explained that the comment period on these proposed rules assists CMS in further refinement and interpretation. Sowers said, “Proposed rule making is just that—proposed—and we encourage comments.”

In addition to highlighting the expanded Medicaid coverage the Affordable Care Act (ACA), Sowers emphasized how the new law drives system reform through several provisions:

1. A new option for integrating and linking services for complex populations;
2. New and improved home and community based state plan options;
3. Enhanced FMAP to help states modify service delivery systems; and
4. Special focus on dual eligibles.

From these areas, session attendees took away some vital statistics that furthered understand-

ing of Medicaid expenditures. For example, long-term supports and services are the highest cost beneficiaries (5%) and drive 55% of expenditures. For individuals who are dually eligible for both Medicare and Medicaid, the highest expenditure area is nursing facilities. In fact, in 2007, dual eligibles accounted for 15% of the 58 million Medicaid beneficiaries, but for 39% of the \$311 billion in Medicaid spending.



Mary Sowers

As a “complex population,” dual eligibles could be key beneficiaries of health homes for individuals with chronic conditions. A provision of the ACA (Section 2703) include services such as comprehensive care management, care coordination, referrals to community supports, and use of health information technology.

Of note, this program provides a 90% FMAP increase for the first 8 quarters. States have the flexibility to define health home providers and must assure that providers address certain functions such as person centered, high-quality services. They also must be able to “coordinate and provide access to primary, acute, behavioral, and long-term care.”

Continuing the focus on dual eligibles, Sowers shared Section 2602 of the ACA—the Federal Coordinated Health Care Office—also known as the “duals office,” has the purpose of improving quality, reducing costs and improving the beneficiary experience. These two sections provide a foundation for a redesigned service

system for individuals with chronic conditions.

Attendees also heard about the provisions of the ACA that look to improve access to home and community based services (HCBS):

1. The extension of Money Follows the Person through 2016;
2. Updates to 1915(i) that expand service definitions and eliminate the state’s ability to “cap” enrollment or waive state-wideness;
3. The addition of the Community First Choice Option as an opportunity for states to cover HCBS with a 6% enhanced FMAP; and
4. The addition of a “balancing incentive program” that gives states an enhanced FMAP to increase diversions and access to HCBS.

Sowers extended her appreciation for ANCOR’s efforts to offer input on proposed regulations associated with these HCBS provisions. In particular, ANCOR played a leadership role in not only developing comments that specifically reflect ANCOR members’ interest, but also working with partners in national disability coalitions to shepherd their efforts through the comment process.

If you would like to see additional details contained in Sowers’ presentation, click [here](#) for the PowerPoint slides. ANCOR member involvement and input into CMS regulations is a critical piece toward influencing services in your state. Please contact [Jessica Sadowsky](#) if you would like to be involved in these opportunities. ●

## Members Earn Cash in Stronger Association, Stronger Voices Campaign

ANCOR issued the call for members to help keep the association strong by recruiting new members and a handful have responded—and now can reap the benefits.

- **Jeff Rutledge** recruited one new member and received \$250 from ANCOR.
- **Georganna Imhoff-Huddleston** recruited one new member and received \$250 from ANCOR.
- **Diane Iagulli** recruited two new members and received \$750 from ANCOR.

Increasing our base of members makes ANCOR a stronger association and gives us a stronger voice as the association that represents the broadest possible base of providers. Mem-

bership recruitment is so important to our association; we offer special incentives to members who help us achieve our recruitment goals.

It’s not too late for you to claim your share of the rewards. Remember:

- Recruit one member, and ANCOR will send you a check for \$250.
- Recruit a second member and ANCOR will send you a check for \$500.
- Recruit a third member and ANCOR will send you a check for \$750.

Need some ideas to get your recruitment plan rolling? We’ve started a [list](#). Want to recruit but don’t know what to say? Here are some

talking points.

And if there’s anything we can do to help, please don’t hesitate to contact a member of the membership team:

Jerri McCandless  
703.535.7850, ext. 107  
[jmccandless@ancor.org](mailto:jmccandless@ancor.org)

Marsha Patrick  
703.535.7850, ext. 110  
[mpatrick@ancor.org](mailto:mpatrick@ancor.org)

Jocelyn Breeland  
703.535.7850, ext. 110  
[jbreeland@ancor.org](mailto:jbreeland@ancor.org)

●

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**Direct Support Professionals  
Motivated by 2011 DSPs to DC**

ANCOR welcomed DSPs to the 2011 DSPs to DC event, June 6–8 at the Gaylord National Resort & Convention Center in the Washington, DC area. This year’s event took place in conjunction with ANCOR’s 2011 Conference: *Leading Cultures of Innovation and Advocacy*. Informative sessions filled the first two days and the event culminated on Wednesday with the Rally for Community Living in front of the nation’s capitol.

To kick off the event, DSPs heard from Brad Fitch, CEO of the Congressional Management Foundation, on *How to be an Effective Citizen-Advocate*. Attendees learned that “You are the most powerful advocates on Capitol Hill.” People walked away having taken “The Advocates Pledge,” with a new knowledge of information including how to influence legislators, how to use their personal stories and how one person makes a big difference.

DSPs attended training sessions including *DSPs and Organizations Using Social Media to Connect, Communicate and Network Regardless of Ability/Disability*; *The NADSP Code of Ethics: Live in High Definition Full Color*; and facilitated DSP roundtables. DSPs were also able to hear from journalist Judy Woodruff and best-selling author Rachel Simon in joint sessions with conference attendees.

**2011 DSP of the Year**

During ANCOR’s annual DSP to DC event, the 2011 DSP of the Year, Gina Bartlow, was honored and the state recipients received their awards during a special ceremony. Visa gift cards were awarded to all recipients by College of Direct Support National Director Bill Tapp.

This is the fifth year of the National Advocacy Campaign’s successful DSP of the Year Recognition Contest. Once again, we were provided with a wonderful opportunity to highlight the direct support workforce, thank them for their immeasurable work and advance the advocacy agenda on their behalf.

ANCOR received hundreds of nominations from across the country and carefully selected winners in 42 states and the District of Columbia. Award recipients demonstrated examples of accomplishment in building social networks for their consumers, effectiveness in advocating for change on behalf of their profession and those they support, creativity in performing their duties and leadership among their peers.

# NAC Central

Congratulations to our state winners, as well as our national winner, Gina Bartlow. We admire the dedication and professionalism these DSPs exhibit in their daily work, and appreciate the many ways they make a difference in the lives of people with disabilities and within their communities.

**Week of September 11: Direct Support Professional Recognition Week**

The ANCOR Board of Directors in May declared the week of September 11 as the “2011 Direct Support Professional Recognition Week.” ANCOR is also working with members of Congress to once again pass a national resolution celebrating DSP Recognition Week. This cannot be accomplished without your help!

Contact your Representative and ask them to contact Sarah Riser in Rep. Lee Terry’s office at (202) 225-4155. Then, contact your Senators and ask them to contact Charlie Ellsworth in Senator Ben Nelson’s office at (202) 224-6551. The “ask,” for both the House and Senate, is “be an original co-sponsor of the ‘2011 Direct Support Professional Recognition Week Resolution.’”

Start planning your events now! Let us build upon the DSP Recognition Awards by celebrating 2011 DSP Recognition Week in your agency. In preparation for DSP Recognition Week in September, ANCOR is readying resources to assist members in show casing the work of DSPs in their own communities. Over the summer, ANCOR members will receive template materials, ideas and success stories collected from last year’s celebration and some fresh new recommendations to ensure a successful week in 2011.

If you have any questions, contact ANCOR staff **Mary Pauline Jones**, 703.535.7850, ext. 108. ●



*Joe MacBeth addresses DSPs in the DSPs to DC session, The NADSP Code of Ethics: Live in High Definition Full Color.*



*DSP of the Year Award Recipients*



*DSPs attend a joint session with conference participants to hear journalist Judy Woodruff speak.*



*DSPs Rally for Community Living*



## Rally Calls for Right to Community Living for People With Disabilities

ANCOR proudly hosted the Rally for Community Living along with partners the Direct Care Alliance (DCA) and the National Alliance for Direct Support Professionals (NADSP), where we called on Congress and the White House to adopt policies that support the right of individuals with disabilities to live and receive services in their communities, instead of in institutions.

Nearly 150 supporters from across the U.S., including community service providers, direct support professionals and self-advocates gathered on Capitol Hill for the rally, where they were addressed by Senator Ben Cardin (D-MD), New York Times best-selling author Rachel Simon (*Riding the Bus With My Sister; The Story of Beautiful Girl*), ANCOR Direct Support Professional (DSP) of the Year Gina Bartlow, and self-advocate David Liscomb.

Sen. Cardin referred to recent Congressional attempts to cut Medicaid funding. "I am going to do everything in my power to make sure that we protect...those who are the most vulner-

able in America. We're not going to let them block grant Medicaid," Cardin said. He added, "We're going to light a fire in the United States on this issue."



Senator Ben Cardin (D-MD)

David Liscomb, a self-advocate and NADSP member, spoke of the value of DSPs in his life, helping him to live independently, travel and make friends. The crowd joined him in declaring, "Nothing about us without us!"

DSP Gina Bartlow, who is also the mother of a son with disabilities, spoke of the hardship many parents face, having to quit their jobs to care for children with disabilities when services in the community are not available. "Our constitution purports that all are created equal and that each has the right to pursue happiness. Services to the disabled should be considered such a right."

Rachel Simon, author of the best-selling novel *The Story of Beautiful Girl*, spoke

of her experience as the sister of a woman with disabilities. She recalled the suggestion that her family have her sister "put away" in an institution. "But who would want to live in an institution?" Simon asked. "Not you, not me, not my sister."

She said she wrote her latest book "to show that people with disabilities want to live in a home like everyone else, out in the world like everyone else, having the same opportunities for happiness as every one else."

She also wrote the book "to show that civil rights have been denied to people with disabilities for a lot of American history, and that one of the many ways we can right that wrong is to close all the institutions and create a solid, well-supported system, well-funded, with DSPs, where people can live in houses, with friends and families. Where DSPs make sure they don't only exist, but thrive."

To view pictures from the rally, [click here.](#) ●



Self-Advocate David Liscomb

**Performance benchmarking helps providers retain qualified DSPs and maintain higher levels of customer and employee satisfaction.**

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## 2011 DSP of the Year Speaks at Rally

Here's what 2011 DSP of the Year Gina Bartlow had to say at the Rally for Community Living:

"Being here today makes me feel like an important person. But in reality, I am an ordinary person doing an important job.

"I've gone to school, worked, married and had children. I've always cared about family and friends. I committed myself to caring for my children. When my son Steven was born, I was suddenly committed to full-time critical care of a very fragile child. Gratefully, my family was able to rally together and get through those tough times. We were fortunate enough to have community resources and professional intervention immediately....

"...Today Steven is a young adult who is lucky to attend a terrific day program, Twin Rivers, where he has the opportunity to work, be with friends, volunteer and give back to his community. He leads a full life that includes family, friends, and genuine participation in society.

"My story is a relatively happy one because we were afforded the supports that we needed. We happened to live in a state where services to people with disabilities were considered an entitlement. In California, Steven's services began when he was only one month old. Moving to New Hampshire, despite thorough research ahead of time, we found ourselves on a waiting list because Steven had turned 21. After a year, Steven only received services part-time.

"So what's the big deal, one might ask? Why should the government take care of a child with disabilities? Isn't that the responsibility of the parent? Please, services are not a replacement for parenting! In fact, proper services allow a child to remain with his or her parents and have all the usual experiences that go along with growing up, all the while enhancing typical development....

"...On the other end of the services spectrum is a yet another challenge: what to do with endless open days now that one has graduated from high school. This is where funding has been seriously cut throughout many states, somehow seen as less important than early intervention. Yet, it is a critical component to the developmental journey, as well as a lifeline for the family. A young person with disabilities often needs structure and supervision, perhaps physical care; without programs that supply these, it falls on the parents....

"...So where am I going with all this? Our constitution purports that all are created equal and that each has the right to pursue happiness. Service to the disabled should be considered such a right. It is said that one can judge a nation by the way it treats its most vulnerable citizens. Need I say more?

"...Early intervention, like Steven received, is critical to developing in the most typical way possible. The more typical the development, the more the child can participate in preschool, school, and beyond.

"Without services, Steven would be isolated, misunderstood and unable grow to his full potential. This is my story! Go speak to your senators and congressman and tell them your story. Help them understand the importance of the work we do and that funding is critical to support the people that need us." ●



2011 DSP of the Year  
Gina Bartlow



# ALLIANCE FOR FULL PARTICIPATION

REAL JOBS—  
IT'S EVERYONE'S  
BUSINESS

ANCOR MEMBERS —  
MARK YOUR CALENDARS!

## Alliance for Full Participation Summit 2011

November 17 – 19, 2011

Gaylord National Harbor Resort  
Washington, DC

Representatives from fifteen national disability organizations, including ANCOR, have united behind the common goal of doubling employment for people with disabilities by 2015.

- \* American Association of People with Disabilities (AAPD)
- \* American Association on Intellectual and Developmental Disabilities (AAIDD)
- \* American Network of Community Options and Resources (ANCOR)
- \* APSE: The Network on Employment
- \* The Arc of United States
- \* Association of University Centers on Disabilities (AUCD)
- \* Autism Society of America (ASA)
- \* The Council on Quality and Leadership (CQL)
- \* Human Services Research Institute (HSRI)
- \* National Association of Councils on Developmental Disabilities (NACDD)
- \* National Alliance for Direct Support Professionals (NADSP)
- \* NISH
- \* The National Association of State Directors of Developmental Disabilities Services (NASDDDS)
- \* TASH
- \* United Cerebral Palsy (UCP)

**Summit Program.** The Summit program will include an innovative blend of programming and networking opportunities centered around a common framework of:

- Establishing a Vision and Clear Goals
- Learning from Employers and Employees about What Works
- Service Innovations
- Creating Incentives and Removing Barriers
- Collaboration
- Building Community Partnerships

**Sponsorship Opportunities:** The Alliance actively seeks public and private partners to assist in achieving our goals. Many sponsorship and exhibiting options are available. Contact **Carol Walsh**, [walshworks@verizon.net](mailto:walshworks@verizon.net)

For more information, including how you can get involved, visit the Alliance website:  
[www.allianceforfullparticipation.org](http://www.allianceforfullparticipation.org).

# Federal Wage And Hour Guidance

## ANCOR's Relationship with DOL Contributed to Guidelines for Employees Who Sleep on Employers' Premises

By Joni Fritz,  
Labor Standards Specialist

In the early years of ANCOR (then the National Association of Private Residential Facilities for the Mentally Retarded), it was understood that a relationship with the U.S. Department of Labor could be important to the association's membership. ANCOR's CEO Manford A. Hall and Associate Joni Fritz first met with the assistant administrator of the Wage and Hour Division in March of 1973 to review federal law that applied to employees who slept on their employers' premises.

In 1973, there were just two circumstances under which it was not necessary for employers to pay people who slept on the premises. All such employees had to agree in advance that they need not be paid for *bona fide* meal time and regularly scheduled sleep time, and no more than eight hours of sleep could be deducted from hours worked. The employees had to normally get a full night's sleep, and on the rare occasions where sleep was interrupted, the employees were to be paid for that time.

These were not employment arrangements envisioned by Congress when the Fair Labor Standards Act (FLSA) was passed in 1938, but were carved out by the courts in the early 1940s in lawsuits that followed passage of the FLSA.

### Employees Living on the Employers' Premises

The first of these situations pertained to employees who actually lived on their employers' premises "on a permanent basis or for extended periods of time." Evidence of this was demonstrated when the living arrangement where the employee slept was on the employee's driver's license, personal possessions were kept at the home and mail was received at that address.

### Employees on Duty for 24 Hours or More

Duty of 24 hours or more was applied to employees who were on duty around the clock, without free time in the middle of the day, for periods of 24 hours or more. The courts reasoned that if this were the case, the employee was more likely to use the scheduled sleep period to actually sleep.

This was in contrast to employees like switchboard operators who were on duty for less than

24 hours and had a cot in the switchboard room where they could sleep between calls. "Adequate" sleeping facilities had to be provided and the employees must "usually enjoy an uninterrupted night's sleep." In addition, on occasions when these employees did not get at least five hours of sleep, they had to be paid for the entire sleep period.

### Additional Interpretations

ANCOR obtained more than a dozen "letters of interpretation" concerning sleep time over the following years, but the above conditions were the only situations under which employees could agree not to be paid for sleep time until 1980, when Labor officials agreed to define what it meant to "reside on the premises for an extended period of time." Eventually, concern arose within the Labor Department that the 1980 definition could be exploited by unscrupulous employers.

In 1988, with the help of U.S. Senator Robert Dole (R-KS), ANCOR was able to negotiate a definition of the phrase "extended period of time" so that those employees who worked at a community living arrangement over at least five consecutive 24-hour periods, and who slept on the premises, could agree not to be paid for sleep time even if they had free off-duty time in the middle of the day. That definition is very restrictive, but provides the only alternative to residing on the premises permanently or under duty of 24 hours or more.

To this day, not all states have special rules that apply to sleep time arrangements, and many apply rules similar to the federal requirements. Some states have more strict requirements. The most restrictive requirements must always be met, whether federal or state. ●

*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 Director, Government Relations, for a referral at (703)535-785, ext. 104, or at [jsadowsky@ancor.org](mailto:jsadowsky@ancor.org).*



Joni Fritz

### What Members Are Saying About the SRPN

*"Almost one-third of my 700 employees signed on to various AFLAC plans. The demographics of the purchases cuts right across our agency—from new staff to long-term staff from hourly to salary folks....and we ended up saving \$7,000 in payroll taxes to boot...more than our dues are to ANCOR. This is a real win-win scenario that saves real dollars in these tough times. Yes, the duck has made me a believer! Thank you, SRPN."*

—Peter Kowalski, CEO  
John F. Murphy Homes, Inc.



## Second Quarter Engagement Winners Announced

The results are in and ANCOR is pleased to announce the Most Engaged Members on the ANCOR Connected Community (ACC) for the second quarter of 2011. They are:

Most Engaged Member	
<b>Jennifer Fidura</b>	\$250
Second Most Engaged Member	
<b>Mark Davis</b>	\$100
Third Most Engaged Member	
<b>Mark Fortin</b>	\$ 50

Congratulations to all three winners for making the most of the ACC as a tool for networking, sharing and collaboration.

The contest continues! There's still time for you to claim your share of the Most Engaged Member prize money. The third quarter began July 1, and we've reset the totals. Why not start making regular use of the ACC today, and see if you can't rack up enough points to be a winner in Q3?

Here's a short introduction to the ACC. Remember, if you have questions, we are always there to help you. Contact Alexandra Bradley

at [abradley@ancor.org](mailto:abradley@ancor.org) for general questions or Tony Yu at [tyu@ancor.org](mailto:tyu@ancor.org) for technical assistance.

### ACC Basics

To access the ACC, you must have an email address and an ANCOR password. If you don't have a password, you can get one [here](#).

The ACC is organized into communities designed to facilitate the work of the association (such as the Board of Directors, or Finance Committee) or to facilitate conversations and collaboration on issues (such as the Medicaid or Human Resources Forums). Each community has a discussion thread, where participants can share information, ask questions, discuss issues of importance to them. Each community also has a library where participants can share documents and other files.

Participants join a community by subscribing. Keep in mind that the current set of communities is just the beginning. We can always create a new community if we identify a need for a home for that topic. In fact, you can create a community yourself without waiting for staff intervention.

For an overview of most ACC functions, please check out this recording of the one hour webinar "Getting the Most out of the ACC" and the short (3 minute) video on adding a document or file to the ACC [here](#).

Written instructions for using the ACC can be found [here](#).

[How to Create a Profile and Set Privacy](#)

[How to Find and Add a Contact](#)

[How to Join a Discussion](#)

[How to Join an ACC Community](#)

[How to Add a Document to a Library](#)

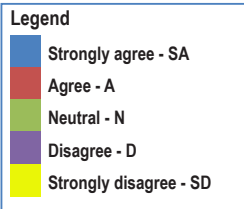
[How to Use the Glossary](#)

[How to Access Blogs](#)

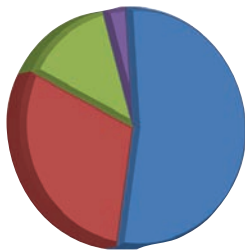
A list of ACC activities and the points you'll earn for each can be found [here](#). ●



### Easy to adapt telecare to unique medical, behavioral or physical needs



#### Telecare enhances consumer safety



#### Telecare provides better privacy



Surveys of community residential program administrators show the benefits of Rest Assured® Telecare support services for adults with developmental disabilities living in residential settings during the overnight hours. Using Rest Assured significantly helped agencies:

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- improve staffing challenges
- prevent abuse
- increase independence
- maintain safety

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# New ANCOR Member Reduces DSP Turnover by 38% with CDS

By Tom King

Apple Patch, which recently became a proud member of ANCOR, has seen a reduction in turnover of 38% in the last two years since the implementation of the Elsevier DirectPaths/College of Direct Support (CDS) curriculum to train its Direct Support Professional (DSP) workforce. Apple Patch's mission seeks to improve the lives of individuals with intellectual and developmental disabilities through an array of support services that assists each person in the achieving their highest potential and lead independent and productive lives.

Apple Patch—located in Crestwood, Kentucky—was the first agency in the state to use the CDS curriculum. Apple Patch currently supports 230 individuals and employs 160 DSPs. It supports 19 homes, three day program facilities (including TLC for individuals with dementia, early onset Alzheimer's and Autism) and provides in-home community living supports and an array of clinical services. Two of its day programs stress continuing education and utilize smart board technology with thousands of lesson plans to help keep individuals interested and involved.

The agency's vision statement dovetails with the decision it made to invest in the CDS and its workforce: "The vision of Apple Patch is to continue to advance the ideal that all persons with intellectual and developmental disabilities be allowed the opportunity to personally succeed through the utilization of cutting edge support services that exceed industry standards."

"We had the inclusion and living in community down pat," says Joe Spoelker, Apple Patch's director of development and marketing. "But we had one very important item missing—a well-trained and caring staff of DSPs. In fairness, many of the staff who work in our homes and day programs were, and still are, caring individuals. The reality is that

while we provided some degree of training, we had not provided them with the level of training and the tools necessary to do their jobs well."

One of the most dramatic results of using CDS is the 53% to 15% reduction in staff turnover Apple Patch has experienced, says Spoelker.

"That 38% reduction has not only had an incredible impact on our bottom line with a reduction in costs associated with training and human resources work, but more importantly it has created much more staff stability in our

homes and day programs to provide more effective supports by a stable workforce."

According to Spoelker, Apple Patch is particularly proud of its involvement in the development of Celebration Park, a neighborhood of 76 single-family home sites designed to include 10 homes for individuals with intellectual disabilities, featuring highly accessible homes designed to adapt as the needs of individuals change. "These homes are spread throughout the neighborhood and offer a wonderful opportunity for our residents to build friendships with neighbors, engage in community activities—like an annual picnic hosted by Apple Patch Direct Support Professionals, share facilities and become a dynamic part of the fabric of Celebration Park."

Ann Skinner, the agency's director of residential and clinical services, explains how Apple Patch and CDS became partners: "Our (DSP) turnover was high, scheduling and overtime were a nightmare and something had to be done and in searching for answers, I found the College of Direct Support," she said. "Now, Kentucky has a statewide agreement with CDS and this wonderful training is available to all agencies and families in Kentucky that support individuals with intellectual and developmental disabilities."



Tom King

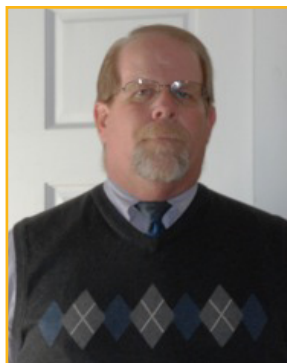
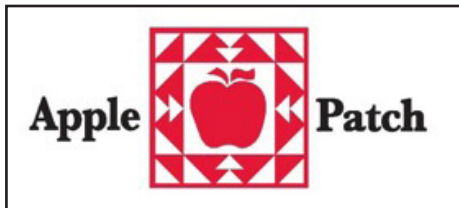
Spoelker says the early part of the journey to improved training was filled with challenges and many staff members were not confident enough to work on computers and/or were hesitant to embrace online learning. All new hires are introduced to CDS during their initial three days of intensive training.

"Apple Patch strives to attain quality in everything we do—quality care, quality facilities and the very highest quality of life for the individuals we support," said Apple Patch Executive Director Chris Stevenson. "As we continue on our journey to become a better agency, we recognize the College of Direct Support as a vitally important resource that helps make available the training our staff needs to provide quality care for the individuals we love and support." ●

*If you'd like to know more about Apple Patch, contact Joe Spoelker by phone at 502-876-7745 or via email at [jspoelker@applepatch.org](mailto:jspoelker@applepatch.org).*

*Author Link: Tom King is a communications consultant for the College of Direct Support. You can reach him at 865-659-3562 or via email at [tkwrites1021@gmail.com](mailto:tkwrites1021@gmail.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](mailto:Bill@collegeofdirectsupport.com).*



Joe Spoelker



## COLLEGE OF DIRECT SUPPORT

AN INTERNET BASED CURRICULUM FOR DIRECT SUPPORT PROFESSIONALS

## New Resource Available from The Riot!

The Riot! announced that *Space Race* is now available for purchase. *Space Race* is a fun game designed to teach people with intellectual and developmental disabilities of all ages about self-determination.

During the game, individuals or teams of players roll the die to move their game piece through space and get back to earth. Along the way, players learn self-determination skills (such as self-advocacy, decision making, and responsibility) and discuss what kind of life they want. Players talk about career interests, where they want to live, who they want to spend time with, community involvement and health.

The game provides an entertaining and disarming way for adults to discuss their lives, their interests and the supports they need. *Space Race* can also be played by young people transitioning from high school to adult life.

*The Riot!* at the Human Services Research Institute (HSRI) is a collection of products and services that promote self-determination and the belief that people with disabilities should live the lives they want with the support they need. ●

## AAIDD Honors ANCOR Member with Prestigious Award

At the 2011 American Association on Intellectual and Developmental Disabilities Annual Conference on June 8, Dennis Felty, president of Keystone Human Services, was awarded the coveted Gunnar Dybwad Humanitarian Service Award. This award honors individuals who have significantly promoted human welfare and social reform.

Dennis Felty has led Keystone Human Services to become an internationally recognized leader in human services, providing services throughout Pennsylvania, Connecticut, Delaware and Maryland, as well as Moldova and Moscow and Beslan in Russia.

Dennis's leadership of the organization, as well as his personal mission to be a change agent, has significantly affected the way individuals are treated not only within the human services environment but also within their communities, the public and media, and their world.

Also a leader in the community, Felty cofounded OPEN Stage of Harrisburg and presently serves as chairman of Susquehanna Art Museum and as a member of the Advisory Board of Wachovia Bank.



Dr. Gunnar Dybwad was an early and prominent advocate for people with intellectual and developmental disabilities. An authority on intellectual disabilities, autism, cerebral palsy and other disabilities, he taught human development at Brandeis University and became the founding director of the Starr Center for Mental Retardation at Brandeis' Heller School.

For more information about the conference and the award, visit the website of the American Association on Intellectual and Developmental Disabilities.

For more information about Dennis Felty, president of Keystone Human Services, visit Keystone's website at [www.keystonehuman-services.org](http://www.keystonehuman-services.org). ●



### Executive Director, New York, New York

**AHRC New York City (AHRC)**, a \$250mm family governed agency dedicated to enhancing the lives of individuals with intellectual and developmental disabilities and their families, seeks its next **Executive Director**. Ideal candidates will possess a depth of leadership experience in a similarly diverse and complex agency, and who are energetic, agile, flexible, politically sophisticated and aware, with a minimum of a Master's degree and at least ten (10) years of executive experience. Knowledge of intellectual and developmental disabilities is strongly preferred. AHRC has retained the New York-based search firm Amrop Battalia Winston to assist with this important recruitment effort. To view a more complete description and apply please click here:

<http://www.ancor.org/classifieds/751>



**Amrop Battalia Winston**

## Simple Changes to Sustain and Boost Your Mission

By Mandy Eberly

Every agency should be doing it: working smarter to redirect administration dollars back to the core purpose of the agency and its valued client services. Streamlining processes and increasing productivity is not just a vision anymore—it is the new normal.

As executives and managers look ahead at retaining and improving programs, they should not overlook the obvious. One clear way to achieve this is in payroll. It's not a fantasy to save over \$70 per employee per year in payroll processing with a few simple steps. It's a reality, and it's happening now within agencies all over the country.

One way to realize significant savings is a simple best practice to pay 100% of employees electronically—even those employees who do not have a traditional bank checking or savings account. By eliminating paper checks, envelopes, pay stubs and postage, companies can save from \$2.87 to \$3.15 per payment by using direct deposit, according to [electronicpayments.org](http://electronicpayments.org). For an agency with 250 employees and bi-weekly pay periods, this can equate to over \$24,900 in annual savings.

**Figure 1** provides an example of the cost savings that can add funds to your agency's bottom line. Regardless of how many employees are taking advantage of direct deposit, by enticing more employees to accept the electronic payment, your agency will reap the benefits. You will also have happier employees.

According to a recent survey by [electronicpayments.org](http://electronicpayments.org), 97% of those who receive electronic payments are satisfied with the payment method. And don't forget further savings with clients who may be able to accept direct deposits of Social Security and other payments. A portion of the savings comes from payroll coordinators avoiding the hassle of processing lost checks.

Reconciliation of money accounts is much easier too. Your finance staff can reconcile a single bank transaction for the pay period instead of many individual checks.

Employers are not the only ones to benefit from direct deposits; employees profit as well. Electronic payments are more secure and confidential than paper checks and eliminate the need to

visit the financial institution on a regular basis. Regardless of where they are, employees can have peace of mind knowing their money is in their account.

Additionally, employees who use direct deposit can access the deposited money in their accounts at their financial institution at the opening of business on payday. As an employer, you don't have to worry about employees making unauthorized trips to the bank when providing services to clients and supervisors will no longer spend time passing out paper checks. It is a win-win situation for agencies to make the push to a paperless payroll process.

As state funding shrinks, agencies have to evaluate where every penny is being spent. When thousands of dollars can be saved annually with electronic payments, decision makers should not think twice about implementing

a proven method. The goal is an efficient process that can add value to the agency's mission and bottom line.

Solana will be hosting a complimentary ANCOR training webinar covering this and more to help streamline payroll and provide an immediate cost savings. Resources will be shared, such as how to efficiently handle staff that has multiple rates of pay, weighted overtime, automated paid time off tracking, and the benefits of an integrated software system. Look for upcoming dates and times for a September ANCOR webinar or sign up for a limited e-seat by emailing [info@solanapro.com](mailto:info@solanapro.com). ●

*Author Link: Mandy Eberly is the host for the upcoming ANCOR value-added webinar regarding cost containment in the payroll department. She works for Solana, an ANCOR associate member and founding Gold Partner, who develops technology to help ANCOR members redirect savings on common administration tasks back to the client services and the bottom line.*



Figure 1.  
([electronicpayments.org](http://electronicpayments.org))

**SOLANA**



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# State Association View

Talking About Managed Care? Why You Should Be

By Diane McComb  
ANCOR Liaison to State Associations

During ANCOR's 2011 Conference: *Leading Cultures of Innovation and Advocacy* last month, participants heard a great deal that was provocative and controversial about the future of supports for people with disabilities. Many of the presentations focused attention on what might be the greatest change facing our industry since states began closing institutions: the way states procure community services.

Managed care is sweeping the country like a tsunami. Three years ago, 50% of people receiving Medicaid were under some form of managed care. Today, more than 70% are under managed care.

The Centers for Medicare and Medicaid Services (CMS) is encouraging states to look at managed care as a vehicle to integrate care of people who are dually eligible for both Medicaid and Medicare; they have publicly identified their Triple Aim for Quality, prioritizing better health for people; enhancing a person's experience of care including quality, access and reliability; and lowering cost through improvement on a per capita basis. CMS' implementation of the Affordable Care Act speaks volumes about managed care possibilities through the solicitation of proposals to states to develop health homes, medical homes, demonstration pilots, and accountable care organizations.

## Managed Care Vs. Fee-for-Service

Managed care is defined as a system intended to coordinate and integrate care while controlling costs through capitation. Managed care entities receive a capitated rate for each person enrolled regardless of the cost of care rendered to that person over a period of time. On the other side of the spectrum, fee-for-service pays providers a fee for whatever services are provided, whenever they are provided.

State associations would be hard-pressed to find a state that pays agencies on a fee-for-service basis for everything they do in supporting people with disabilities. Most providers have operated for years receiving a capitated rate, assuming all risk (up to a point) for cost of care, and coming under the scrutiny of regulatory compliance that knows no end—it was just never called managed care, except in a few states.

Managed care is a factor that cannot be ignored if one truly wants to advocate for people with disabilities. While managed care may not reach your state this year, the likelihood that it will

eventually is far greater today than any other time given the latest trending data.

For many people with disabilities, they are already under the purview of a managed care framework for their acute and primary care under Medicaid, and we are now seeing the inclusion of long-term services and supports for the Aged, Blind, and Disabled segment of Medicaid.

States like Arizona, Michigan and Wisconsin have long supported people with disabilities, including those with intellectual disabilities, under managed care. More recently Illinois, Florida, California, Vermont, Maine, Virginia, South Carolina, and Washington have moved portions of the population into managed care. In a recent Kaiser report on state efforts, they identify 13 states last year and 20 states this year that have expanded managed care in their states.

## Why Managed Care Attracts States

Managed care allows state officials to achieve budget stability over time through capitation. It limits a state's financial risk, passing part or all of it onto contractors by paying a single, fixed fee per enrollee (capitation). It also allows one entity to be held accountable for controlling service use and providing quality care.

When states move Medicaid-funded services into a managed care framework, they contract with managed care companies to provide care based on achieving certain outcomes. In the acute and primary care worlds, much has been done to identify good outcomes such as immunizations, lower blood pressure, lower cholesterol, diabetes management, reduced number of emergency room visits, shorter hospital stays, etc. Yet, no one has yet identified the important outcomes under long-term services and supports in community settings.

Managed care is a vehicle by which states can manage coordinated care, quality and cost. While it may have mixed reviews by most, state associations should seize the moment and urge their members to pay attention, because it is a force moving forward in our health care arena.

Those who would advocate keeping people with disabilities out of managed care need to ask if the alternative system left behind will be any better. There is a real danger states will create managed care systems for elders without the input of the disability community and when it seems to be working, throw people with disabilities into a system devoid of aspects critical to younger people with disabilities.



Diane McComb

## ANCOR's Role

ANCOR has an active effort underway to fully educate members about the realities of managed care and prepare everyone to advocate intelligently within their respective states to assure the best possible outcome for people with disabilities. ANCOR plans a fall summit to educate association leaders about managed care, but also to engage in the critical dialogue regarding outcomes for people with disabilities in long-term services and support.

Its Performance Excellence Initiative offers baseline data and evidentiary practices that could translate into quality outcomes important for states to articulate in RFPs for managed care. We have an opportunity to shape the landscape by interfacing with managed care companies and educating them about the technology of community supports our members are so expert at providing.

Who might be better than state association members in delivering high quality coordinated care to people with disabilities? It's what we do.

As our national association, ANCOR is leading the way to articulate vision and values that could be important in a managed care framework. State associations are challenged to think outside the box and step up to the new realities offered by health reform and the impact of this historic recession. Our state associations must be leading the way to define the landscape in their respective states in ways that will urge us to move, become involved and be a part of the dialogue in shaping the future of supports to people with disabilities.

State associations are in a unique position to partner with states in developing the outcomes for long term services and supports under which managed care, or any other entities, will be held accountable. We must not shrink from this responsibility. ●

*Author Link: Diane McComb is ANCOR's liaison to the State Association Executives Forum. She can be reached at [dmccomb@ancor.org](mailto:dmccomb@ancor.org).*

## ANCOR Welcomes New Board of Directors

ANCOR held its annual elections early this year, due to the date of the 2011 Conference: *Leading Cultures of Innovation and Advocacy*. Newly elected board members will begin their term of office on October 1, 2011. Our congratulations to all!

### Newly elected members include:



**Mike Decker** (Liberty; Amsterdam, New York), who had previously been appointed to a mid-term vacancy, was elected to continue to serve until September 30, 2013 as ANCOR's Secretary/Treasurer.



**Robert Baker** (Keystone Human Services; Harrisburg, Pennsylvania) was elected for his first time to the ANCOR Board of Directors. He will serve as a director until September 30, 2014.



**Robert Budd** (Family Residences and Essential Enterprises (F.R.E.E.); Old Bethpage, New York), who currently serves on the Board of Representatives for New York, was elected to his first term on the ANCOR board as a director. He will serve until September 30, 2014.



**Mark Davis** (Ohio Provider Resources Association (OPRA); Columbus, Ohio) was elected by the State Association Executive Forum to his first term on the ANCOR board as a director. He will serve until September 30, 2014.

### The following were re-elected as directors:



**Arthur Ginsberg** (St. Johns Community Service; Washington, D.C.) was re-elected to serve a second term ending on September 30, 2014.



**Than Johnson** (Champaign Residential Services (CRSI); Urbana, Ohio) was re-elected to serve a second term ending on September 30, 2014.



**Angela King** (Volunteers of America; Arlington, Texas) was re-elected to serve a second term ending on September 30, 2014.

We will certainly miss the following people on the ANCOR Board of Directors when they scroll off in September and very much appreciate their dedicated service on the Board. ANCOR is fortunate that all are also involved

in other volunteer and leadership aspects of ANCOR and will continue to do so.

### Current ANCOR Board of Directors members leaving the Board of September 30, 2011:

(Departing board members will continue to serve until September 30, 2011.)



**Jennifer Fidura** (Fidura & Associates; Richmond, Virginia) served two terms as a director. She is also active with Government Relations, as well as the State Association Executive Forum.



**Charles Hooker** (Keystone Human Services; Harrisburg, Pennsylvania) served two terms as a director. He also chairs ANCOR's international efforts and will continue with that.



**Janet Stover** (Illinois Association of Rehabilitation Facilities (IARF); Chicago, Illinois) served one term as director, representing the State Association Executive Forum. She will continue to be active with the State Association Execs.

## ANCOR Welcomes Its Newest Members:

Apple Patch Community Inc.

Children's Care Hospital & School

Destiny Place LLC

Estelle Place LLC

Jenkins Memorial Center and Industries

Kennedy Donovan Center Inc.

Jireh Place LLC

Our Lady of the Wayside Inc.

Penn-York Opportunities for the Handicapped Inc.

Provident Arc LLC

## Are You Ready for the Bedbug Population Explosion?

Whether or not you have had first-hand experience with the stress of bedbugs, having a clear plan to prevent and treat bedbugs is critical. Pest control experts warn that the bedbug population will explode during the upcoming summer months—warm weather, summer travel and well-populated urban areas are all factors guaranteed to make bedbug populations spread and grow.

Having a practical and proactive plan will reduce the anxiety and fear related to spotting first signs of bedbug. Here are some simple steps designed to prevent, monitor and manage bedbugs:

**1. Encase all mattresses and box springs with certified bedbug proof encasements.** Encasements not only trap live bedbugs where they are most likely to live and feed but have the added benefit of being an excellent detection device. The smooth, white surface and micro-stitched fabric easily shows signs of bedbugs and their tell-tale fecal markings. However, only bedbug-proof and bite-proof encasements have been lab tested to permanently trap and prevent bedbugs.

**2. Use bedbug interceptors.** Interceptors are inexpensive reservoir devices that fit under bed and furniture legs and work by trapping bedbugs en route to feed. An empty interceptor reservoir can reassure clients and staff that

none of the pests are travelling to feed.

**3. Employ thermal luggage treatment devices.** If you serve any sort of transient clients, thermal luggage treatment devices offer exceptional protection from inadvertently allowing someone to bring bedbugs into your facility. They heat suitcases, bags and backpacks to critical bedbug killing temperatures without harming packed contents.

**4. Use Diatomaceous earth.** Since bedbugs live and breed in tight spaces, it is essential to have a non-toxic product that can easily get into hard to reach spaces. Diatomaceous earth works by slicing bug exoskeletons and is effective for both preventing and killing bedbugs. Diatomaceous earth's razor sharp edges kill bugs but feel like powder to humans. The dust will kill hiding bedbugs and make areas inhospitable for any future bedbug arrivals while being completely safe to humans and animals.

Never underestimate the power of knowledge. It is critical to educate yourself and your staff on how to detect and prevent bedbugs. Sitting down to create a plan in advance will give peace of mind to all involved. Proactive measures can also reduce the overall costs of eliminating bedbugs because the infestation is detected at its earliest stages.

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