

Get Connected: The Technology Issue

Riding the Technology Waves

By Rodney Bell
Consultant
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Good technology works, great technology liberates. It opens new worlds, makes us better and levels the playing field. When service providers apply technology, they help themselves and empower people with intellectual and developmental disabilities.

How's that? Residential technology supports can allow more independence without increased risk. Social media empowers people with disabilities and expands their social circles.

Prompting devices help their job performance. Assistive technology enables them to communicate better. Office systems make service providers more efficient, and information systems enable them to better plan and care for the people they support.

The Waves: Tech Happens

Like ocean waves, technology keeps coming. Technology is intrinsic to society—an ally for millennia. We can ride those waves or get swept away.

If you fear new technology, there may be a good reason. Using new technology can seem difficult at first. But, we can learn how and even help make it better. Overcome your fears, catch a wave and learn to ride.

Providers must use technology if they are to improve it and better meet the needs of people with disabilities. Devices that are difficult to use, fail frequently or do things we don't intend can make one hesitant and apprehensive. But over time, technology improves and the best, like phones, become second nature.

Good technology, like communication aids, can be customized. Emerging technology will adapt

to us, making it easier still.

People who are reluctant to use technology are vital to its improvement. It's up to us to make technology work well—for example, by feedback. This happens from how we use it (by telling management and developers what's wrong) or by not using it.

Technology vendors like our suggestions; they sell more by making their products better. We can even influence them to do new products.

As we change technology, it also changes how we work and live. Technology and society co-evolve; nowadays, the pace is ever faster. The only way to ride these waves is to get on board.

Picking Your Wave: To Tech or Not To Tech

Surfers wait for the right wave; providers make choices about technology. Are you looking for a monitoring system to alert staff; a communication device for a person with disabilities; or a documentation tool?

Opinions of direct support professionals can inform these choices. DSPs generally know what is needed and whether they or those they support can work with it. Advice from others and trial use can also help your assessment.

Surfers catch waves they can ride. What can your organization take on? Look for technology close to your capabilities or with the potential to improve your competencies. It's better to come up to speed than suffer a discouraging wipeout.

For example, advanced smart homes might seem like a promising option, but their

integrated sensors, controls and information systems can challenge service providers or be more than you need. Instead, a monitoring system or active support might be the right size wave to ride.

Once you've picked your wave, the challenge is to get on it. When a tech wave is coming—say, remote supervision—start moving ahead of it. A surfer might catch a wave, but snap off the top to wait for another.

Try new technology, learn about it and figure out if it is right for you and those you support. Then you'll better know whether to go with it or catch an easier one.

Like catching a wave, timing technology adoption is a key to success. If you take on a big new system too early, you can get pounded as by a breaking wave. An all-inclusive software system can soak up precious resources to get it working right.

See *Riding the Technology Waves*, page 5.

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For articles on how organizations use technology, see pages 9-13, .

See what you missed at the Third Annual ANCOR Technology Summit, see pages 2-3, 14-15.

Read how the government is implementing technology to help you track wages, page 17.

CEO Perspective

The Technology Imperative

By Renee Pietrangelo
ANCOR CEO

Are we under-thinking technology?

I've been reminded several times recently that the answer is a resounding, "Yes!" Both *The Race for Relevance*, a provocative publication recently issued by the American Society of Association Executives, and several of the leading speakers at the joint Coleman Institute for Cognitive Disabilities and ANCOR Third Annual Technology Summit, October 13–14, invoked the same warning.

We face years of austerity as it pertains to public funding. Sustainability of supports and services to people with disabilities will, therefore, demand cultures of solutions-oriented innovation and technology as we strategize for the future.

The intractable funding and workforce challenges ahead of us—increasing demand, preference for individualized services, and the “technification” of everything around us—demand cogent, well thought out and purposeful plans for the application of technology into everyday business practice, workforce development and leading practice and supports and

services delivery. And this must be accomplished by maintaining a healthy balance between technologic and human interaction.

The recent technology conference offered a plethora of ideas, tangible and compelling case studies and practical applications and solutions that can be implemented now to assuage the potential harm caused by continued funding cuts or no growth, as well as the demands of a changing marketplace.

If your organization was not represented at the conference, you missed an invaluable opportunity to begin laying the strategic tracks for ramping up your organization’s awareness of the innovative applications of technology available today—many at no cost and available in the near future.

The ubiquity of technology in the future can hardly be imagined using today’s limited mental models. We already see the connectivity and applications available through cloud computing, smart phones and other devices, such as iPads. Our future holds continuous connectivity without the need of intermediate devices.

At an invitation-only preconference program on cloud computing (to which ANCOR was



Renee Pietrangelo

invited), a brainstorming session surfaced opportunities and challenges for harnessing the power of cloud computing.

Technology is probably one of the greatest equalizers we’ve ever experienced, rendering disabilities invisible in the virtual world of connectivity we are and will continue to inhabit more and more.

One of the brainstorming strategies that surfaced at the preconference was how we can quickly and effectively raise the awareness of people with disabilities and their families about ,and increase their use of the plethora of web

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President's Corner

Change Is Required; Solutions Are Needed

By Wendy Sokol
ANCOR President

At the ANCOR 2011 Technology Summit in Westminster, Colorado in October, Lori Stanfa from the Ohio Association of County Boards stated that “change is required and solutions are needed” if her state was ever going to serve the almost 30,000 people on their growing waiting list.

She described how stakeholders came together in their state to look at innovative ways to increase efficiencies, improve quality and hopefully support some of the people on the waitlist. They crafted part of their solution through the use of third-party remote monitoring services who have demonstrated success in using equipment to decrease dependence on 24-hour support.

With Centers for Medicare and Medicaid Services (CMS) approval on July 15, 2011, allowing their state to include the services in their Medicaid waiver, Ohio providers have an opportunity to use this technology to directly impact the lives of the people they support.

Sengistix, a company out of Minnesota, is one of the technology companies offering remote

monitoring. It was heart-warming to hear their success stories.

Jeremy Collins was recently featured in his local paper. “It’s a dream come true for the 31 year old who has Down syndrome and had lived in group homes all of his adult life. Since April, he’s lived on his own in a Coon Rapid townhouse, with a web of support that includes his parents, his caregivers and landlords, Anoka County and a technology company that all work together to help him be safe and continue to grow in independence and confidence.”
(Read Jeremy’s story in the Star Tribune.)

The article went on to say: “The benefits go beyond what’s good for Collins.... The shift from constant supervision to being independent 25 percent of the week meant an immediate 10 percent reduction in the costs borne by taxpayers.”

We heard how technology had been used to help reunite a family. Child Protective Services had stepped in and placed a young couple’s baby in foster care when issues about safety surfaced. Today, Mom and Dad, who both have disabilities, have been reunited with their baby due to the intervention by their provider who was able to demonstrate that through the use of remote monitoring this young couple could



Wendy Sokol

have access to constant, cost-effective support. Dustin Wright from RestAssured shared his company’s equally touching success stories. People across the United States are beginning to implement remote monitoring equipment to increase independence and simultaneously decrease cost without compromising safety. The equipment includes live audio and video feed, seizure mats, smoke detectors, motion detectors; web-based monitoring equipment and a whole host of other technologies.

As I flew home, my mind was abuzz with thoughts of how we could forge an alliance in our state and reattempt the inclusion of remote monitoring in the Arizona waiver; Ohio could

See Solutions Needed, 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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But wait too long for the perfect wave, and technology passes you by. For example, a good communication device can do wonders while you look for the best. As in surfing, timing can make the difference.

Riding the Wave: Work the Technology

Once you get on the wave, you want a great ride. But technology, like a wave, doesn't do all the work. As a surfer maneuvers the board on the wave, providers must make technology work.

Like having the right surfboard, assessment tools, training and user support make a solid foundation for riding a technology wave. Coaches, advisory groups and specialists can help show you how.

Repositioning on the board gives the surfer a good ride. Similarly, customizing a device to individuals' needs often makes the difference in how well it works for them. A computer or smart-phone can be a flexible and liberating support if DSPs set up simple applications and interfaces for the people they support.

Good surfing is learned with some trial and error. If a technology doesn't seem to work at first, try a different approach.

Residential monitoring systems are a case-in-point. Sensors that detect risky conditions give DSPs an extra set of eyes. But too many false alerts or a few missed emergencies erode confidence. By adjusting the monitors, providers can discover how to best support each individual.

Regular surfers must do things differently if they want to ride a big wave—and the same is true for providers. Work the technology as surfers work their wave, and you'll get a great ride. ●

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resources currently available that can enhance and support independence and capability.

How ANCOR can challenge the thinking, raise awareness and facilitate innovation and technology application among the service provider community is one of two mega issue questions currently under discussion by the ANCOR Board of Directors.

Implicit in this discovery process is how we can quickly get service providers up to speed; build the internal capacity needed through implementation of business models and strategies for innovation and technology integration; build the case for needed public policy changes that increase flexibility and facilitate innovation; and, finally, build the partnerships and collaborations needed to maximize impact and influence and idea/solutions sharing.

During one of the wrap-up sessions at ANCOR's Technology Summit, one couldn't help but be astounded by the real-life case studies presented where technology applications played an integral part in reducing costs, increasing independence and reuniting a family that would otherwise have been torn apart and

Solutions Needed, from page 3.

serve as our road map.

In 2007, a small group of providers had unsuccessfully attempted to convince our Medicaid entity of the potential value of this technology. I felt confident that we would succeed this time.

My head was filled with scenarios involving many of the people we support and the value this technology could bring to their lives. I had no idea that when I touched down in Tucson, the need for this technology was going to be much closer to home.

I quickly learned that the respite worker who was scheduled to provide care for my brother-in-law, Bart, had died. He had accepted the assignment, but no one knew that he failed to arrive. His family did not know he was intending to care for Bart, and we were out of town.

Bart failed to alert anyone to the dilemma. He failed to walk next door and let his brother know that no one had arrived to help bathe him, dispense his meds or prepare his meals.

Bart has lived in the same home with many of the same neighbors for more than 50 years. We always assumed that in a crisis, he would seek help. We were wrong.

This time, we were lucky. Bart was fine. But what if something had gone wrong?

offered piecemeal options for a meaningful family life.

Sustainability and growth are contingent on developing and applying business models that effectively incorporate the advantages of innovation and technology in a balanced way.

Attendance at the Coleman Institute meeting doubled in size from 2010 to 2011; attendance at the ANCOR piggyback summit—organized in partnership with National Alliance for Direct Support Professionals, the American Association on Intellectual and Developmental Disabilities and the National Council for Community Behavioral Healthcare—tripled from 2010 to 2011. The message to our member organizations is beginning to gain traction and ANCOR has set a clear priority.

We will continue and expand our collaboration with the Coleman Institute, and we are already planning for an even more robust program in 2012 (current date tentatively set at November 1–2). We're committed to nurturing a culture of innovation and technology among our member organizations and providing you with the resources and tools to do just that. Stay tuned and engaged. The future is now! ●

Bart's primary caregiver is my mother-in-law and with her 75th birthday behind her, the potential risk for a medical emergency is a real and increasing concern. What would happen if she fell and was unconscious? Would Bart get help? Probably not!

I felt sad and shocked by the reality of what had happened. I felt however, reassured by the information I had accessed at the ANCOR Technology Summit and knew that this was an easy problem to solve through the constant and vigilant remote caregiver we could access through either Sengistix or RestAssured.

Sandy Henry from Sengistix explained that through a motion detector placed on a medication box, remote monitoring could tell if a caregiver or my mother-in-law was in the home dispensing medication. If meds were not dispensed within a specified time period, the company would begin calling a phone tree to get outside help into the home.

Remote caregiving and monitoring is changing my world and will probably, in the near future, directly impact the lives of people you know. Change is here and the tools that we can access through this innovative technology will open a world of opportunities for providers, for families and for the people we support. ●

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Capitated Funding Models Gain Momentum

By Diane McComb
ANCOR Liaison to State Associations

“States continue to face budget challenges, especially relating to implementing the Affordable Care Act. As far as state Medicaid Directors are concerned, 2014 is tomorrow.”

These are the words of Matt Salo, executive director of the National Association of Medicaid Directors, as he opened ANCOR’s 2011 Leadership Summit: *Navigating Managed Care and Other Funding Strategies* in October.

The next two years are very challenging and the ability of the states to sustain Medicaid may be the hardest thing they will have to do. “2014” refers to the date by which states will add between 10 to 15 million new beneficiaries to the Medicaid roles as the Affordable Care Act (ACA) is implemented.

Salo went on to report that as of July 1, 2011, the cumulative budget shortfall across all states was \$175 billion. States are left with two alternatives: raise revenue (taxes) or cut spending.

During the previous two years, the national budget shortfall for states equaled \$200 billion. States raised taxes by \$30 billion and cut spending by \$70 billion, but also had American Recovery and Reinvestment Act (ARRA) stimulus money of \$100 billion to help defray the shortfall. The stimulus funds ended June 30 of this year, adding to the current state general fund shortfall.

Medicaid is counter-intuitive. In economic down times, enrollment increases exponentially—and states have little ability to balance their budgets. Medicaid has only three variables available to states trying to stretch dollars: the number of people served, the amount of payments made to providers of care, and changing the services.

Medicaid today serves more than 60 million people and is the largest healthcare system in the United States. With the full implementation of the ACA, it is estimated that an additional 10 to 15 million will be served by 2014.

Complicating states’ ability to balance the program, Congress has imposed a Maintenance of Effort (MOE) requirement, which prohibits states from cutting people from the rosters. Payments to Medicaid providers are considered to be among the lowest in the healthcare system, paying just 70% of Medicare rates. Medicare pays about 70% of BC/BS private plans, making Medicaid payments just 50% of

the private health care sector. Court decisions and Centers for Medicare and Medicaid Services (CMS) administrative rules further limit states from cutting providers significantly.

State plan services (hospitals, primary care and nursing homes) must be funded and cutting optional services, including prescription drugs and long term services and supports (HCBS, personal care, etc.), are politically unpalatable to most. There are few options for states—so what’s left?

The U.S. healthcare system is equal to 17% of our national GDP, yet it is highly dysfunctional. It’s clear that reform must occur at the state level. Nearly every state in the country is looking at reconfiguring their Medicaid program to better manage, coordinate and integrate care and supports to beneficiaries.

Every state is looking at benefit redesign, modification and rate reductions to transform long-term services and supports to individuals who are elderly and have disabilities. There is an increased movement toward integrated systems of care, holistic approaches to care and payment reform to drive systems change and outcomes.

Enrollment among families and children has grown sharply due to the recession, and despite enrollment growth, state share Medicaid spending declined during the recession. While enrollment growth explains recent growth in costs, the real cost drivers lie elsewhere, and with the expiration of ARRA stimulus funds, states are struggling.

People with disabilities account for the largest share of Medicaid spending. Further, individuals who are eligible for both Medicaid and Medicare have been determined to be the most costly in the system. Subsequently, CMS is placing great emphasis on state demonstrations to integrate care for people dually eligible.

CMS has awarded 15 states up to \$1 million each to design new models for serving Medicare/Medicaid enrollees with a goal of developing, testing and validating fully integrated delivery systems and care coordination models that can be replicated in other states.

States receiving federal grant funding include California, Colorado, Connecticut, Massachusetts, Michigan, Minnesota, New York, North



Diane McComb

Carolina, Oklahoma, Oregon, South Carolina, Tennessee, Vermont, Washington and Wisconsin.

Additional states and territories submitting letters of intent (non-binding) to CMS include Alabama, Arizona, the District of Columbia, Delaware, Florida, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Missouri, Montana, Nevada, New Mexico, Ohio, Pennsylvania, Rhode Island, Texas, Virginia, Washington and Wisconsin.

“States’ proposals can only be described as a stampede,” said Mike Hall, director of the newly-created Division of Integrated Health Services at CMS. Managed care now reaches all populations across the states, and within 24 months, the trend shows most state plan amendments abandoning fee for service as a meaningful part of Medicaid.

The biggest changes ahead include the largest states extending managed care throughout the entire state, carving the aged, blind, and disabled (ABD) into managed care rather than out.

Health cost drivers cannot be sustained at rates that are greater than inflation. “We don’t coordinate or integrate care, resulting in inexcusable outcomes for the people we say we care about. We have to do something,” said Hall.

People who are dually eligible have the best, richest insurance coverage of anyone in this country; yet, their outcomes are the sickest, frailest and unhealthiest people in the nation. They die prematurely, have the highest incidence of strokes and are institutionalized at four times the rate of others. They are among the most vulnerable, highest need, and highest cost beneficiaries in the U.S. healthcare system.

The responsibility for administration, oversight

and financing for their services is split between the federal (Medicare) and state (Medicaid) governments. The ACA offers significant new opportunities to integrate these two programs and vastly improve service delivery and financing.

Every state is discussing how to best improve healthcare to those who are dually eligible, and CMS is seeing proposals from states that want to implement managed care immediately. These new systems of care are risk-based, are outcome-based (states are buying outcomes) and require integration—providers working together to figure out how recipients of care and support can receive the best possible interface.

Increasing Use of Managed Care

Why would states look at managed care? Managed care allows state officials to achieve budget stability over time through capitation. Further, it limits states' financial risk, passing part or all of it onto contractors by paying a single, fixed fee per enrollee. Finally, it allows one entity to be held accountable for controlling service use and providing quality care.

More than 70% of Medicaid beneficiaries are currently enrolled in some form of managed care and the number is growing.

Alan Schaefer, former manager of the Arizona Long-Term Care System and now with Mercer, shared his perspective of essential responsibilities of state government. It is the responsibility of state government to establish the operational responsibilities of managed care organizations in their contracts.

Such responsibilities should extend to developing an adequate provider services network, case management, quality management, utilization management, integration of services (e.g., acute and LTC, Medicare/Medicaid), member and family support, paying claims in a timely fashion and accurately processing encounters, and establishing grievance and appeals processes for members.

States should also include a stop loss ratio in their contracts, which is the percentage of the capitated rate that must be spent on actually providing services.

MCOs are expected to manage their performance, meet state performance expectations; self-monitor operations and clinical performance using multiple data points (data driven); manage administrative subcontractors (e.g., claims); develop and implement interventions designed to improve operational or clinical performance; and evaluate the effectiveness of interventions adjusting as necessary to achieve excellence.

MCOs should be partners with the state Medicaid agency, both recognizing that members and providers are also valued partners. Both must

strive to eliminate inefficient and burdensome regulations, policies and processes, and both MCOs and providers should be expected to collaborate and share best practices.

Contracts between the state and MCO should allow for provider and MCO innovations and ensure MCOs pay providers and resolve provider disputes in a timely fashion.

State associations should be reaching out to state Medicaid agencies and others establishing networks for long-term services and supports in their states. We have a huge contribution to make and we must act now to be included.

Need to Develop Non-Clinical Outcomes for LTSS

States are using quality data to assess plan performance and assist in beneficiary choice. All MCO states and more than half of Primary Care Case Management (PCCM) states require HEDIS, CAHPS or similar state-developed measures of access, clinical quality of care and patient satisfaction. Top measures reflect Medicaid priorities, such as prenatal and postpartum care, childhood immunization status, appropriate asthma medication, comprehensive diabetes care and care following hospitalization for mental illness.

Three-quarters of states with MCOs publicly report on the quality of their health plans, and half of states with PCCM programs publish quality reports on those programs. Fifteen states with MCOs and one PCCM-only state prepare quality "report cards" for beneficiaries to use when choosing a plan or a provider.

What's missing in this mix are non-clinical outcomes for long-term services and supports (LTSS), which are just now emerging. They are different than those commonly used in medical managed care programs, and there is no current consensus of what they should be. There is little or no actuarial data on the types of services that ANCOR member organizations provide.

States must be made aware of the significant need to identify these non-clinical outcomes in contracts with MCOs, and it is our job to advocate for states to hold managed care companies accountable to achieve certain outcomes. We must insist that states incentivize the achievement of both clinical and non-clinical outcomes by MCOs and providers, and, that the outcomes are meaningful and measurable.

We must ensure that both incentives and disincentives are built into the contract. These could include financial incentives, prestige and the reduction of administrative burdens, such as regulations. Examples of disincentives include requiring providers to pay for hospital days, rate reductions based on not meeting certain criteria or loss of ability to participate (sanctions).

An example of a capitated pilot that seems to be working well is Keystone Human Service's Adult Community Autism Program. ACAP is a community-based program designed to support adults with an Autism Spectrum Disorder (ASD) living in the community and is a program of the Pennsylvania Department of Public Welfare Bureau of Autism Services.

Pennsylvania received approval from CMS to operate the program under the Pre-Paid Inpatient Health Plan (PIHP) authority of Medicaid. It is the first PIHP in the nation to serve those individuals 21 and over with an ASD.

A PIHP is a managed care plan in which a capitated rate is paid to a contractor, and that contractor is responsible for providing and arranging all the services necessary to support the enrollees including their health care services. Keystone Autism Services enrolled its first participant in August of 2009 and now has more than 80 enrollees. Outcome data shows that participants have made significant progress and the financial performance has been very positive.

Robert Baker, vice president of Keystone Human Services, shared some of the non-clinical outcomes developed for the organization's ACAP, such as fewer episodes of law enforcement involvement; lower use of psychiatric emergency room care; lower psychiatric inpatient hospitalizations; lower crisis intervention plan use; and lower mental health crisis interventions.

Others included increases in the percentage of participants with jobs or engaging in volunteer work; the number of hours participants work or are engaged in volunteer work; participants' independence and social skills; parental satisfaction and quality of life indicators; participant's quality of life; and improved medical outcomes.

Clinical outcomes in the program include participants having an initial visit with a primary care physician (PCP) within three weeks of enrollment; an annual dental exam; improved diabetes management; and an annual gynecological exam.

Identifying non-clinical outcomes is probably the most critical task facing the field of disabilities right now. As states stampede down the path to managed care, we need to step up and begin this dialogue now!

We must ensure that contracts with MCOs and states do not shortchange people with disabilities by using only medical outcomes. We must make certain that the future does not return to only a medical model. ●

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Behind the Scenes of the MORA Report

By Melissa Evers

Advocacy, artistic impressions, travel, leisure and entertainment are just some of the highlights of the first-ever Mount Olivet Rolling Acres *MORA Report*. The *MORA Report* is an internal newsletter that was created by persons served for persons served.

Over the past four months, each individual who participated in the newsletter's creation scheduled a minimum of four one-on-one sessions at the assistive technology computer lab, which were then followed up by two large group sessions for layout and design, ending with a party for the kick off of the newsletter!

Initially, the individuals began by brainstorming. They and their staff would come to the assistive technology computer lab, and they would talk about the excitement they felt towards their topic of choice.

Then, they began to research topics of interest and outline ideas. This was great to begin to build trust, integrate ideas and find the format for the article that they were writing. The format was based on how they expressed themselves: interview format, quiz format or article.

Some individuals even chose to write under a pen name or add some fish tales to their articles for creativity. Individual interests varied, which made for a very well rounded and diverse newsletter.

During the first session, individuals were assessed in regards to how well they utilized non-adaptive devices to access the computer. This paved the way for the customizations to be created.

Intellikey overlays were created with images from their travels, and highlighted word banks

were grouped into sections by category. Enabling sticky keys on the intellikeys keyboard allowed for longer key presses to the keyboard without error or letter repetition.

Arrow-key mice were created for navigation within the document, and full-length words and custom names were added to ease anxiety with traditional hunting and pecking. Keyboard keys were enlarged and buttons separated, and adjustable arms were placed on monitors and positioned.

For those creating art as their contribution, a touch screen was placed and a paint program was set up for them to draw directly on to the computer screen.

Another method of drawing used was the touch tablet; individuals used both as their input method as needed.

With the adaptations provided, barriers that once were are no longer, which has enabled the highest level of independence they could achieve.

Depending on the skill, level of the individual and the time needed to input their article onto the computer, the third session was the continuation of the second word processing session. This allowed individuals to begin editing their articles.

In combination with the intellikeys, adapted mice and switches, individuals were able to do their own editing. With help from Microsoft Word's "edit as you go" functions, misspelled words were underlined in red, allowing the user to be conscious about their spelling as they wrote.

Others used the more traditional method and waited until the composition was completely input onto the computer. Once finished, they used the classic Microsoft Word spell check to correct their article.

Along with the social support they received, they also began to place their articles into the custom pre-made template. Each computer was uniformly pre-set with a template created to ease the layout process. Individuals were set up with a



Brad and Steven check out the first issue of the MORA Report—hot off the press.

partner to compliment their computer skills and aid in their portion of the layout.

They helped others by showing them how to insert a photo or copy and paste words from their article step-by-step—and finally save it. Once all of the articles and images had been placed and formatted into the template, they were combined into the final product.

With the adaptations provided, barriers that once were are no longer, which has enabled the highest level of independence they could achieve.

The very first *MORA Report* was finished. The buzz began, clients were chuckling at the stories as they read, and staff from within the company were complimenting their work. Pride radiated as they smiled when viewing their articles. The next step was to launch the newsletter!

Using a Big Red Switch and a pre-created email, multiple reporters had the opportunity to physically launch the newsletter. Following the formal launch, they returned to their computers and attached their newsletter to their emails and sent it to their families.

Through the use of assistive technology, staff support and creative minds, every one of these individuals were able to accomplish the very first edition of the *MORA Report*! We are very proud of their talents and persistence and are excited to begin the next edition. ●

Author LINK: Melissa Evers is the assistive technology and computer lab specialist for Mount Olivet Rolling Acres.

If you're interested in learning more about Mount Olivet or the MORA Report, contact Stephanie Kohl, manager of therapeutic supports.



Contributing writer Travis leafs through the first issue of the MORA Report.

Connecting Through the “Magic” of iPad

When Apple introduced the iPad last year, the company called it “magical.” While skeptics rolled their eyes, two Dakota Communities residents with developmental disabilities became shining examples of what is possible with the help of technology.

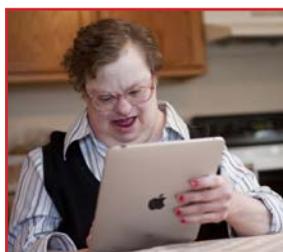
For Laura, who is 53 years old and has Down syndrome, the iPad is much more than a high-tech toy; it is a gateway to independence and a therapeutic marvel.

Laura lives at Dakota Communities’ Big Lake, Minnesota, home and loves music. She used to listen to her favorite country music stars on cassette tapes and then CDs and MP3s, using technology that someone else had to operate.

Now, Laura can independently download the music of Patsy Cline and Johnny Cash on the iPad she received last Christmas as a gift from her family and donors. She uses applications designed to complement her needs and abilities.

Her iPad also allows her to stay connected to her family and improve her dexterity. She

looks at her favorite family photographs and performs exercises that improve her hand-eye coordination.



Laura uses her iPad to listen to music.

The iPad’s user-friendly touch screen is “pure magic” for other people with developmental disabilities as well. There is no better example than Dennis, also 53, who lives at a Dakota Communities’ home in Brooklyn Center, Minnesota.

Dennis, who has mild intellectual and developmental disabilities, wanted to share his story with his legislators after graduating from the self-advocacy training course “Partners in Policymaking” in 2010.

During the 2011 legislative session, Dennis looked up his representatives online using the iPad he purchased with his own savings. He prepared for a face-to-face meeting with them by reading their biographies and examining their committee memberships online. He even scanned the newspaper and the local weather forecast on the iPad.

Armed with this new-found knowledge, Dennis confidently headed to the Minnesota Capitol and asked the representatives to preserve funding for people with disabilities.

If the iPads at Dakota Communities could talk, their story would be about growth, achievement, fun, and excitement. The “magic” of technology is transforming lives for people like Laura and Dennis every day as they communicate, play and pursue their passions with independence.



Dennis

Julie Peterson, Laura’s personal advocate for nearly 25 years, loves exploring the possibilities of the iPad alongside Laura. She says, “You don’t know what someone can do unless you try.” ●

Dakota Communities serves adults and children with developmental disabilities in their family homes and in its 33 residential settings.

Founded in 1972, Dakota Communities delivers its mission of partnering with people with disabilities to realize their goals and potential throughout the Greater Twin Cities metro area.



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
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Using Technology to Take IT Up a Notch

By Gerald Bernard

While the staff in our IT department is not responsible for the day-to-day supports at the Charles Lea Center, their indirect contributions to our organization have allowed us to be more efficient and effective in the services that we provide. It is their tenacity and ability to develop creative solutions that has helped us become a leader in the delivery of services for individuals with disabilities.

This year, the IT team at the Charles Lea Center was awarded the SCITDA Innovation in Technology Award by the South Carolina Information Technology Directors Association. The Team Award for Innovation tells part of the story that we are all very proud of. However, what it does not tell is the kind of people they are and how they commit themselves each day to bring happiness and joy to the individuals we serve.

The current IT team was formed about a year ago when Curtis Arrowood stepped into a management role and Mark Miller, Summer Caudill, and John Thomas were added to the staff with David Bishop already part of the team. From its inception, the team was faced with numerous issues and challenges.

At the time, only half of our locations had computers on the network, all of which were connected via an extremely unreliable 5 MB metro-e link coaxial cable. As a consequence, they were kept isolated from all network servers due to a lack of proper configuration. Thirty additional sites had yet to be added and any data stored at any one location was inaccessible by others.

End users on these computers had the capability to add personal software and openly surf the Internet without restriction, leaving large gaps in accountability and security. A constant concern with viruses and spyware removal/prevention confronted any technician called to troubleshoot an issue caused by unsupervised or unapproved material.

In addition, house (or site) managers and service coordinators moved around 60 sites constantly, meaning that the 30 computers that were on location were continuously being used by different users. The problem with this was that each time management staff changed location, it became necessary for a technician to physically visit and reconfigure user profiles at that site.

The IT department decided to implement some new technologies and make some real changes to make things better for staff and as a consequence, the people served.

Here are some of the new technologies, as well as how they have been utilized:

Lansweeper: This program allows technicians to remotely access PCs without any assistance or interaction from the end user. All the technician needs is the name of the computer and he or she can easily pull up what the user is seeing in real-time on their monitor. With the capability to solve simple problems from one desk location, more problems can be resolved within the same time frame.



The Charles Lea Center's technology team members proudly display their awards. (From L-R: Curtis Arrowood, Mark Miller, Summer Caudill, David Bishop, and John Thomas)

Is It Up: This software allows the team to monitor site outages by 'pinging' an IP address at the location every five minutes. If no response is received, an e-mail is sent to alert all technicians of the outage. This way, a list of outages can be compiled and outages in a central location can all be dealt with at one time and in a timely manner.

Remote Desktop Service: RDS is the new method of user log in that has been implemented to eliminate user configurations and multiple location accesses. With this technique, users log on to a remote server (instead of the local computer) which houses everything needed at one location and is accessible from any network computer. In other words, no matter what computer an end user logs onto, they will see the same desktop.

Utilizing the server allows our technicians to control what users can change of the computer's functionality, what they can delete, and much of what they can personalize. This helps

to increase security controls, eliminate malware problems, and cut down on time spent configuring users every time a move is made.

User drives: Previously, a server was allotted to maintain user network space. Each user is now allotted their own space on the server to store their documents. This drive is accessible anytime they log on and from any computer. This cuts down on employees having to redo work that was lost and technicians taking time to search for accidentally moved, deleted, or hidden files.

Clonezilla: This free software helps to resolve the problem of time spent configuring computers by staff. The program works with external USB drives and functions to save computer configuration "images," restore "images," and more. Using this software, the operating system is already installed, old updates are pre-loaded, programs are ready to go, settings have already been edited, and only a few minor individualized tweaks remain to be completed. This solution has already cut configuration time by 70% and saved the company \$6,000 that would have been paid had IT chosen a non-free option with minimal maintenance.

In addition to all these large changes, a dozen more small changes in policy (such as requirements on helpdesk requests) have also been put into effect to increase the production of the department along with various peripheral projects to aid other departments. For example, a specialized computer lab for only persons served was set up. The IT department located, selected, ordered, and installed specialized hardware that is now used by individuals with minimal or severe disabilities.

At the end of these efforts, the IT department performed a self-audit and found that there was a cut of \$49,576.66 from the yearly budget and a one-time savings of \$20,900.00 on the elimination of various smaller contracts that the IT department now implements in-house.

The most extraordinary part of the Charles Lea Center IT department's story is that a year ago, not only was the team entirely different, but so was the technology. The Charles Lea IT team has shown their gumption. With a newly settled team of hardworking and innovative technicians, this department and organization has only one way to go: up. ●

Author LINK: Gerald Bernard is executive director of the Charles Lea Center. For more information on this organization, click [here](#). For more information on the Charles Lea Centers technology innovations, contact Curtis Arrowood at carrowood@charleslea.org.

Put It In Writing!

Call for Book Proposals

Knowledge
Enhance the capacity of professionals who work with individuals with intellectual and developmental disabilities.

Support
Participate in the development of a society that fully includes individuals with intellectual and developmental disabilities.

Empowerment
Expand opportunities for choice and self-determination and promote genuine accommodations to expand participation in all aspects of life.



Topics of interest include, but are not limited to, the following:

- ◆ Professional Practices
- ◆ Staff Development
- ◆ Program Management
- ◆ Support for Families
- ◆ Self-Determination

AAIDD publishes high-quality, essential books and tools of relevance to professionals in the field of intellectual and developmental disabilities.

We welcome proposals on a variety of topics and seek submissions for scholarly works, textbooks, reference works, practice books, guidebooks, assessment tools, training materials, and research works.

In general, AAIDD focuses on publishing books that contribute to the advancement of knowledge and practice in disabilities.

The proposal should be no longer than six, double-spaced, typed pages in 12-point Times New Roman font; it must contain vital information about the book and establish a clear rationale or purpose and describe how the author will accomplish the purpose.

One electronic copy (Microsoft Word) should be sent to Lisa M. O'Hearn, Director, Publications Program (lmohearn@aaidd.org). Please type "Book Proposal" in the subject line. For more detailed information, visit the Author Center under the Publications tab at www.aaidd.org.

Being Smart and Going Green: Imagine!

By Sterling Wind

When Imagine! undertook the effort to build two SmartHomes designed to incorporate a variety of technologies to enhance the efficiency and effectiveness of services to some of our most vulnerable citizens, green technologies were a prominent feature in our plans. We believed that the use of green technologies would help us meet our mission in a profound way. Let me explain.

The Colorado developmental disabilities system is in a state of crisis. Colorado ranks 47th in the nation in fiscal effort toward providing funding for individuals with developmental disabilities and their families. There are currently close to 12,000 individuals with developmental disabilities and their families on a waiting list to receive services in Colorado, and that number continues to grow every year.

You may ask, “What does this have to do with green building?” For Imagine!, creating a new, sustainable way of assisting some of our most vulnerable citizens meant creating a comprehensive plan for increasing efficiencies while improving services at the same time. The development and construction of our SmartHomes was the result of this planning, and using green technologies and building techniques was a natural extension of this effort.

Our energy efficient efforts for our two SmartHomes began by building tight structures with upgraded insulation and incorporating passive solar heating. Other green technologies installed in one or both of our SmartHomes include heat recovery ventilation systems, geothermal ground source heat pumps, solar photo voltaic panels, solar thermal systems and whole house energy load monitoring systems.

We partnered with generous local businesses to ensure that our SmartHomes project and our green efforts were truly a community endeavor.

We believed strongly that building the SmartHomes using earth-friendly features would help us reduce our energy costs. Now that both homes are built and in operation, we have been able to test that theory and are very pleased with the early results.

For example, an analysis of energy use (see Figure 1) at the Charles Family SmartHome in Longmont and a comparable home operated by Imagine! shows significant reductions in average energy use at the SmartHome. In fact, from January 2011 through August 2011, the SmartHome achieved natural gas cost savings of an average of \$2.78 per day!

We also found that the Charles Family SmartHome uses 55% less natural gas than the comparison home and uses 18% fewer kilowatt hours from the grid as a source of power versus the comparison home.

Savings like that can really add up in the long run, and the money saved can be used to provide more services to more individuals with intellectual, cognitive and developmental disabilities.

The benefits of using green technology in our SmartHomes don't just come in the form of dollars and cents, however. These efforts and technologies embody the core of Imagine!'s mission, which is to provide tools and supports that al-



Solar panels at one of Imagine!'s SmartHomes

low people with developmental disabilities to become active members of their community and contributing citizens.

Living in a home designed to limit impacts on the environment and human health certainly enables SmartHome residents to contribute in a tangible and meaningful way to their community.

We are proud of the positive results we have seen due to our decision to “go green” when building our SmartHomes and look forward to sharing more successes as we move forward. ●

Author LINK: Sterling Wind is Imagine!'s SmartHome project manager. He is responsible for the coordination of Imagine!'s SmartHomes initiative and oversaw the design and construction of two model community residences that incorporate state-of-the-art technologies in order to enhance the current residential options for individuals with disabilities. Sterling can be reached at swind@imaginecolorado.org.

For Imagine!, creating a new, sustainable way of assisting some of our most vulnerable citizens meant creating a comprehensive plan for increasing efficiencies while improving services at the same time.

Figure 1.

Foothills Home - Built 1999	
Average Therms - Used for heating at Foothills	178.22
Average cost of Natural Gas per day - Foothills GH	\$5.06
Average (kilowatt hours) - Foothills	2853
Charles Family SmartHome - Built 2010	
Average Therms - Used for heating at Charles Family SmartHome	85.89
Average cost of Natural Gas per day - Charles Family SmartHome	\$2.28
Average (kilowatt hours) - Charles Family SmartHome	2344
Percentage of Kilowatt Hours used at Charles Family SmartHome vs. Foothills	82%
Percentage of Natural Gas used at Charles Family SmartHome vs. Foothills	45%

ANCOR 2011 Technology Summit

ANCOR held its Third Annual Technology Summit in conjunction with the Coleman Institute's *State of the States, State of the Nation: 2011*, October 13-14 in Westminster, Colorado. The combined summits drew their biggest crowds yet.

Agencies came from across the country to hear how technology can be better implemented within their organizations. Sessions on social media, cloud computing and remote monitoring were especially popular.

The summit was designed to build upon the "big picture" Coleman Institute presentations' approach to technology use for, with and by people with cognitive disabilities.

There were several legal issues identified at

the Coleman portion of the summit. During ANCOR's summit, Jackie Ford discussed legal considerations when using technology within the agency and when the people receiving and providing supports use social media.

Additionally, funding and using remote technology was addressed. Roundtable discussion provided opportunities to network and share ideas, challenges and successes.

Closing speaker, David Leslie, shared his brief experience of moving from a board member to an interim executive director. He discovered stumbling blocks and sacred cows regarding technology, but was able to bring the organization to an enlightened view—and use—of technology. It was a thought-provoking session after a day full of ideas for embracing technology in one's home organization.



Clayton Lewis describes the exciting advances of GPII and the new pilot programs that are being rolled out in 2012.

how they can implement new technologies in their agencies.

If you missed the summit this year, don't worry—2012 is just around the corner. We're already in the beginning stages of planning for next year's summit, which is bound to be even bigger and even better. ●



Q&A, sharing experiences and networking were all incorporated into the full-day ANCOR 2011 Technology Summit.

Overall, the summit proved to be a great success for providers and for ANCOR. Attendees left with insight and practical information on

Here's what attendees took away from the summit:

"Technology is changing the world we live in. It can be both an opportunity (to provide better supports, etc.) [and] a threat. Being knowledgeable about this technology requires an organizational commitment."

"We're not using technology nearly as much as we could or should!"

"Social media has a place, but be cautious."

"Support is critical to acceptance and continued use of technology."

"Many new options [exist] for independent living/high-functioning individuals to live without staff people providing constant supervision."



Rodney Bell provides a summary of the roundtable discussion on "How to Make Technology Work for You."

Summit Attendee's Take on Technology

“We’ve avoided being early adopters and waited for the technologies to mature before implementing them,” Cedar Lake Manager of Information Systems Scott Monfort says. “We try to investigate and adopt technologies that have been tested and [have] become standardized by their respective industries to avoid the cost of premature obsolescence.”

This technological curiosity is what brought Monfort to the 2011 Coleman Institute and ANCOR Technology Summits in Westminster, Colorado, on October 13 and 14.

He found the sessions on funding especially valuable. “It is inevitable, based on demographics, that funding will go down at some point,” says Monfort. “For many nonprofits to continue their missions will require the leveraging of technology to increase efficiencies as much as possible.”

Cedar Lake has dabbled in providing support for resident access to technology, and the ANCOR Technology Summit gave him insight into where the technology currently lies. While cloud computing is perhaps the next technology on Cedar Lake’s horizon, Monfort admits that access to technology for residents will become increasingly important in the future.

To date, Cedar Lake has implemented the following technologies:

- **Mobile User VPNs**, including notebook use: allows staff to wirelessly connect to the corporate network securely from any location that has WiFi.
- **BlackBerry Enterprise Server**: allows the organization to push out updates, policies, and so on to all of its BlackBerry users’ phones. If a phone is lost or stolen, the phone can be wiped of all data and locked to prevent misuse.
- **Branch Office Encrypted VPNs over DSL**: connects staffed residences to the corporate network, allowing staff members to work as they would in the corporate office. Timekeeping software also allows staff to punch in and out remotely.
- **CareTracker**: allows for more accurate and timely documentation of resident care.

“Software application implementation and hardware/infrastructure upgrades can be frustrating without careful planning and realistic expectations,” says Monfort. “We minimize the problems by careful planning by all stakeholders of the application/installation.

Cedar Lake is also in the process of implement-

“Always be ‘scanning’ to see what’s out there in new technology, but don’t adopt new technology for technology’s sake.”

—Scott Monfort

ing a web client based purchasing software package that will allow staff to make purchasing requests and to receive approvals electronically. This technology will also be available at the organization’s staffed residencies via VPN.

Are you looking for new ways to implement technology in your organization? If so, be strategic, Monfort warns. “Technologies need to truly benefit the clients and the business. The latest and greatest innovations need to be fully vetted prior to consideration and commitment.”

He continues, “Always be ‘scanning’ to see what’s out there in new technology, but don’t adopt new technology for technology’s sake. It has to make financial sense and support the mission.”

For more information on Cedar Lake, visit www.cedarlake.org.

Remote Monitoring for Behaviorally Intensive Individuals A Case Study



A provider agency for people with developmental disabilities in the Midwest was struggling to find the right support plan that would keep “Jane” safe and help her reach her goals. Jane had bounced around the system with short stays in group homes, her family home and state institutions prior to living with no roommates in her supported living apartment. Supported living was looking like it may not be an option for Jane because providers couldn’t keep her safe with the limited support budget she received. Plus, there was frequent staff turnover because of Jane’s intense behavioral challenges.

The provider always had two staff in her home because of Jane’s history of false accusations, self-injurious behaviors and suicide attempts. Jane was combative and unhappy with the constant staff presence. She wanted more independence and to stay in her apartment with no roommates or staff.

The solution was telecare, web-based system where caregivers provide support using two-way video and audio communication. After a slow and carefully planned implementation, Jane was able to have alone time without staff physically present in her home but with support from her tele-caregiver. Her customized care plan assured Jane’s health and safety needs were met while increasing her independence. The provider gradually reduced staffing levels back to only one to one and a few months ago Jane began spending overnights alone with support only from her tele-caregiver. The provider has reported a reduction in cost of \$43,431 per year, and an obvious “decrease in the drama.”

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Technology Today: Saving Lives and Saving Dollars

By Monica Ramirez

We all know that technology has helped to improve and save lives. Did you know that it can also help you save dollars? Actually, the two go hand-in-hand as long as you know where to look.

Diminishing budgets are a true reality in the world of private providers of community living programs. Fortunately, emerging and innovative technology is also part of this reality.

Today, the use of assistive technology to support individuals with physical or cognitive disabilities, along with the technology used by the Direct Service Professionals (DSPs), can actually be a way of cutting costs while improving care.

Sprint offers a wide range of effective communications and data access solutions, allowing you to do more with less. Leading the way in the industry for cost-saving technology are Sprint's Telehealth and monitoring solutions, along with new mobile technology solutions, that allow DSPs to provide care from anywhere.

With Telehealth Solutions and wearable, wireless-enabled devices provided by Sprint, alerts can be sent to a DSP via a web-based system when a person served needs attention or is in distress. These solutions improve care by allowing the DSP to set up specific parameters that closely monitor and manage the needs of the people being served more accurately and consistently.

Some benefits of Telehealth solutions include:

- Improvement in diagnosis and treatment, as providers base decisions on complete, timely and accurate data.
- Increased responsiveness with activity-pattern tracking. For example, if the person served has a new pattern that varies outside the expected activity, DSPs are sent alerts.
- Improvement in care management with elopement alerts to notify DSPs when the people that they are serving leave approved areas.
- Enhanced safety with specific-risk alerts that notify DSPs when a person served is experiencing dangerous episodes.
- Cost savings realization, as mobile monitoring reduces unnecessary visits and also

allows those being served to sustain more independent lifestyles.

Through the supports provided by DSPs, many of the individuals served receive the essential tools and support that allows them to lead more independent lives, and in some cases, move onto living on their own with periodic home visits and assessments.

Mobile DSPs are increasing by the numbers. Because DSPs often provide critical support to people from their homes, they spend a lot of time on the road. That's why Sprint has partnered with such leading application developers as Xora, TeleNav and CellTrak to better track the time and travel associated with home visits.

In addition, Sprint has also teamed up with CellTrak and Homecare Homebase to provide point-of-care solutions that can improve the quality, accuracy and timeliness of necessary documentation.

With Sprint's Home Healthcare Solutions, disability providers can manage and improve the efficiency of their DSPs that are out in the

Continued on next page.

Do you know how to retain qualified DSPs and maintain higher levels of customer and employee satisfaction? Performance Benchmarking can help!

Find out by joining ANCOR's National Benchmark today. Participate in the Performance Excellence Toolkit (PET) and discover the power of data driven quality improvement.

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Continued from previous page.

field, while delivering quality care and satisfaction to the people that they serve.

Specific mobile care solutions include:

Mobile DSP Management (tracking, location updates and status alerts via handheld devices) provides web-based management tools that seamlessly integrate with existing systems. Effective dispatching and management can result in reduced costs and improved customer service.

GPS solutions enable mobilized workers to find locations and routes while in the field; offer powerful location tracking and route management tools via a wide range of GPS-enabled devices; and provide audio and visual step-by-step navigation to the next job, fuel centers and other destinations based on driver location

Point-of-care solutions help improve cash flow through faster billing cycles and increase revenue through more accurate coding; increase productivity of DSPs on the field and reduce mileage costs; realize operational savings through elimination of unnecessary visits, reduced copying and paper storage costs, and reduction of extra data entry and clerical staff; and increase DSP satisfaction by providing easy-to-use handheld devices and reducing needless paperwork.

Helping DSPs provide care from anywhere is becoming essential. To do their job efficiently, DSPs must have information access while on the go—whether in an educational facility, training center or anywhere in between.

A Sprint wireless device—like a mobile broadband card for a laptop or connectivity via a smartphone—can provide that access while helping to replace paper-based processes and improve input accuracy, response times and quality of care.

Whether through comparative pricing analysis of current technology expenses, specific solutions like GPS and mobile broadband or benefits packages to pass on to your staff, Sprint is dedicated to offering cost saving solutions that you can use to make a better life for the people that you support.

Author LINK: Monica Ramirez is the dedicated business solutions partner for ANCOR SRPN partner Sprint and can be reached at monica@sprnext.com.

To learn more about the Sprint special discount program for ANCOR members and their staff click [here](#).

Federal Wage And Hour Guidance

Keeping Track of Wages: The U.S. Labor Department Has an App for That!

By *Joni Fritz*,
Labor Standards Specialist

A new timesheet app will help ensure that workers receive all wages earned. In May, the Department of Labor announced the launch of its first application for smartphones: a timesheet to help employees independently track the hours they work and determine the wages they are owed.

The app is available in English and Spanish, and users can conveniently track regular work hours, free time and any overtime hours for one or more employers. Glossary, contact information and materials about wage laws are easily accessible through links to the web pages of the department's Wage and Hour Division.

Through the app, users will also be able to add comments on any information related to their work hours; view a summary of work hours in a daily, weekly and monthly format; and email the summary of work hours and gross pay as an attachment.

The Wage and Hour Division believes that this new technology is significant because instead of relying on their employers' records, workers can now keep their own records.

The division says, "This information could prove invaluable during a Wage and Hour Division investigation when an employer has failed to maintain accurate employment records."

However, it can also help employers in those situations in which an employee later claims to have worked longer hours than recorded by the agency, and the records in the app prove the employer is correct. It may be advantageous for employers to ask employees to submit copies of



Joni Fritz

the records they are maintaining each workweek to verify recordkeeping accuracy.

The free app is currently compatible with the iPhone and iPod Touch. The Labor Department will explore updates that could enable similar versions for other smartphone platforms, such as Android and BlackBerry, and other pay features not currently provided for, such as tips, commissions, bonuses, deductions, holiday pay, pay for weekends, shift differentials and pay for regular days of rest. Unpaid sleep time is another area not yet included in the app.

For workers without a smartphone, the Wage and Hour Division has a printable work-hours calendar in English and Spanish to track rate of pay, work start and stop times, and arrival and departure times.

The calendar also includes easy-to-understand information about workers' rights and how to file a wage violation complaint. Both the app and the calendar can be downloaded from the Wage and Hour Division's home web page at <http://www.dol.gov/whd>. ●

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.

ProviderSearch
Connecting the Special Needs Community through Social Media

Did you know that **Provider Search** offers you an opportunity to showcase your agency's services and supports to individuals with disabilities and their families in your community?

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Join the MVP Campaign Today

To protect Medicaid from cuts by the Super Committee, we must show that Medicaid is not just numbers on a ledger to be slashed, but is an essential part of the lives of people in every community across America. We must challenge our elected leaders to respond not to the “prize” of billions cut from a budget, but to the human stories we know all too well.

This is the time for each of us to reach out to our networks—providers, individuals with disabilities, direct support professionals, families, donors and other allies—and enlist their help in making the case that Medicaid Values People (MVP).

Our Message

Medicaid funds make possible vital, life-sustaining supports and services to people with disabilities. Cutting these funds will have devastating effects on individuals with disabilities, their families and their local economies.

This is the message we must convey to our elected representatives, to the media and the public, if we hope to save Medicaid from the indiscriminate budget axe.

This is not something you can put off until later. This is not something you can hope that

others will do on your behalf. The time to act is now. This means you.

What You Should Do Now

As this campaign moves forward, ANCOR will be prompting you to take certain actions. We will let you know when we think is the most effective time to contact your legislators, or the media. Right now, with no specific proposals coming from the Super Committee, we want you to do two things to help us prepare for the fight ahead.

First, we want you to send us stories that illustrate the life-sustaining benefits that Medicaid funds make possible. As an incentive, we’re giving away several \$150 gift cards, and everyone who posts an entry will be eligible for the prize drawing.

We’ll use these stories to lobby lawmakers in Washington, to prepare materials for you to use in your community outreach and share them on the ANCOR website. (Click [here](#) to see instructions for posting your submission).

Second, we want you to get your network ready to respond on short notice to progress in the negotiations. Your network should include

your employees, the people you serve and their families, your board, funders and other allies in your community.

Power comes in numbers. The broader your network and the more members of your network you can get to make contact, the more powerful our message will be. This is a time to think big.

Make sure you’re organized with phone numbers and email addresses so that when the word comes from ANCOR, your network can respond immediately.

We will continue to post additional instructions and resources throughout the fall. Stay connected to the campaign for all the latest information.

If you have questions, please contact [Mary Pauline Jones](#).

Medicaid is a lifeline for millions of individuals with disabilities and cuts would result in fewer jobs and spending right in your backyard. Make sure the country knows how close to home Medicaid is—join the MVP Campaign today! ●



Medline is your source for Safe Patient Handling

Healthcare caregivers are consistently listed as one of the top ten occupations for work-related back injuries.

Medline can help with our Safe ‘n Easy Lifting Program

- ◆ Assessment tools
- ◆ Customizable Lift Policy
- ◆ Inservice Video
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- ◆ Implementation Plan

Medline offers a comprehensive line of patient lifting equipment, such as stand assists and elevating lifts, including a new design created for clients that are difficult to support with a sling.



Contact Medline at 1-800-MED-LINE or www.medline.com
For special member pricing go to: www.ancor.org/srpn
click on Medline and then on the
Account Set Up Request Form to sign up for the SRPN/Medline Program.

ANCOR Announces 2012 Conference

Join ANCOR at the 2012 Annual Conference: *Leading Cultures of Innovation and Advocacy*, May 6–8 in Washington, D.C.

Through conference sessions, you will receive the tools you need to:

- Support leadership development and transform your organization (leadership);
- Implement the latest solutions in service delivery (innovation);
- Navigate the latest policy developments that affect your organization (public policy); and
- Make your organization heard at the federal and state levels (advocacy).

The conference—beginning on Sunday, May 6, and continuing through Tuesday, May 8—will be held at the L'Enfant Plaza Hotel in the heart of Washington, D.C.

Join ANCOR on the Hill and schedule your Hill visits for Wednesday, May 9; we hope to blanket the Hill on that day for maximum effect.

Watch your email and check the ANCOR website for updates. Registration and other details will be available in early 2012.

So mark your calendar today, and make plans to attend the ANCOR 2012 Conference. You can't afford *not* to be there. ●

The Arc Launches Medicaid Reference Desk

By Ann Cameron Caldwell

The new Medicaid Reference Desk website is now online! The Medicaid Reference Desk is a tool to help people with intellectual and developmental disabilities find out what Medicaid can offer them.

Its website provides current information on what Medicaid is and does, specific in-state Medicaid resources, links to state Medicaid agencies, and other related information for people with I/DD and their families.

There is also a Person-Centered Toolkit on the website to help people with I/DD think about their lives, plans, needs, and happiness in areas of community, health, home and work.

The website was designed to be accessible for people with I/DD, using easy-to-understand language and images to help guide people through the different sections of the website.

The coming year will provide more information and interactive learning opportunities about Medicaid, targeted to people with I/DD and their families, and we hope you will share this resource with your networks. ●

Spread the Holiday Cheer!



Use [Amazon](#) for your holiday purchases, and contribute to the ANCOR Foundation.

Any purchase made through this [Amazon link](#) will return up to 6% of your purchase price back to the ANCOR Foundation— at no cost to you!

How it works: Use [this link](#) to access Amazon.com, and your payment will credit the ANCOR Foundation upon checkout.

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
Stop by and see us!

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Critical Technology Solutions for Organizations: Learning Management Systems

By Sherry Beamer
Vice President, Developmental
Disabilities Services
Essential Learning

The benefits of online training include time and cost savings, flexibility, curriculum consistency, real-time learning and improved learning retention. As training professionals have found through experience and research has proven, a blended learning approach is the most effective way to meet training needs and optimize training resources. This approach combines online and classroom training.

These are two of the most common questions asked about online training: What is a learning management system (LMS)? How can it help my organization?

An LMS is software designed to manage, track and quantify all of an organization's learning activities, offering benefits from the standpoint of both learning outcomes and training operations.

According to "Choosing a Learning Management System" (Advanced Distributed Learning Co-Laboratories, December 21, 2010, Version 2.2), an LMS addresses four basic categories of learning:

1. **Initial:** acquiring knowledge and skills for the first time.
2. **Continued:** extending knowledge and skills in a particular field.
3. **Refresher:** refreshing knowledge and skills (may be done for remedial purposes as well).
4. **Upgrade:** moving to a higher level of competence in knowledge and skills already acquired.

In addition, a well-designed LMS streamlines and strengthens training operations by:

- Centralizing and automating administration for all training programs, including

Learning Management Systems	
FEATURE	PERCENTAGE
Reporting	52.8
Compliance and Tracking	46.5
Assessment and Testing	42.5
Learner-Centered	39.4
Content Management	29.9
Course Catalog	28.3
Security	14.2

Learning Circuits, American Society for Training and Development, 2009

Chart 1

- classroom-based;
- Assigning and tracking each learner's progress, such as assigned groups of courses and classroom trainings;
- Storing records for each learner;
- Generating reports on learners' progress and training completions;
- Securing all training documentation; and
- Managing and deploying e-learning.

Respondents to a survey by the American Society for Training and Development identified centralizing the management of learning as the number-one reason for having access to a learning management system. Chart 1 below provides the survey results by the most valuable features of an LMS.

Selecting an LMS is a critical part of implementing online training into an overall training program. Unfortunately the pressures of program operations and lack of experience can lead organizations to choose an LMS that does not meet the needs of the training program.

The results of the Masie Center in Chart 2 illustrate this.

The features studied in the chart provide a good LMS selection checklist. Participants in the study critiqued the learning management systems currently being used by their organiza-

tions. (Most of the organizations had a large number of employees—70% had 10,000+ and 25% had 500-9,999.)

In response to the question, "Assuming you had the authority and resources, would you replace your current learning system?," 61% of the respondents said "Yes." More than half (53%) of the respondents reported "knowing what they know today," they would not choose the vendor again.

Participants were "most dissatisfied" with the product limitations (36%) and lack of flexibility (34%). More than half the respondents reported that the ease of use of the course administration (53%), user administration (55%) and general system administration (58%) were only "somewhat effective."

More than half (59%) the respondents reported that their vendor charged extra for customer service and more than half the respondents (54%) reported that their vendor was only "somewhat effective" in responding to issues with the system.

Chart 2 identifies what respondents expect would be better/different if their organizations replaced their current learning system. ●

Essential Learning partners with ANCOR to provide members with a discounted, additional online learning option. Essential Learning's web-based LMS, "Elevate," offers dynamic, powerful, flexible and intuitive computing for all learning management functions along with social networking and course loading/building capabilities and excellent customer support included in subscription fees.

Members may contact Essential Learning for more information and to set up online demonstrations of service offerings by contacting 1.800.729.9198, ext. 212 or email InfoDD@EssentialLearning.com.

Chart 2

Learning Management System Features	
FEATURE	PERCENTAGE
Reporting Options	70
Usability	69
Administration/Management	57
Interface/Look and Feel	54
Ease of Operability	52
69% of the respondents "wished that their LMS provided social networking tools and opportunities."	

The Masie Center, "Learning Systems Survey Results," 2009

Call for Nominations: Moving Mountains Awards

The National Alliance for Direct Support Professionals (NADSP) and the Research and Training Center (RTC) at the University of Minnesota's Institute on Community Integration are seeking nominations for the 2011 Moving Mountains Awards.

The purpose of this award is to recognize organizations using best practice in direct support staff workforce development that result in improved outcomes for the people being supported. Organizations applying will be able to illustrate how their direct support workforce practices and philosophy aligns with the goals of NADSP.

These nominations are a component of a national research project in which RTC will conduct in-depth case studies to richly describe the characteristics, objectives and outcomes of best practice initiatives designed to improve competence, status, compensation and stability of direct support staff.

Descriptions of the case studies will be disseminated and shared with provider agencies, policy makers and interested stakeholder groups in a number of ways, including on the RTC and NADSP web sites; as practical illustrations in RTC/NADSP publications and presentations;

and in a final publication on best practice.

Nominated programs/initiatives can be small (a single program) or large (statewide) in scope and can involve few or many direct support professionals. Organizations that have applied previously but were not selected are invited and encouraged to resubmit a nomination for this year's competition.

RTC and the NADSP are looking for unique and creative initiatives that contribute to improving workforce outcomes for direct support professionals and their employers. We welcome applications from statewide/regional initiatives, local organizations and individuals.

Up to two awards will be given each year. This year's award winners will be honored at a national conference in 2012.

Applications are due on November 30, 2011. To apply, [click here](#).

For more information on the award program, [click here](#). ●

Upcoming Events

Webinar: The Performance Excellence Help Desk

Wednesday, November 2, 2011
Wednesday, November 9, 2011
Wednesday, November 16, 2011
Wednesday, November 30, 2011
3:30 pm – 4:30 pm

Webinar: Enhancing Technology Outcomes Through Cross-Agency Collaboration

Monday, November 14, 2011
1:00 pm – 2:15 pm

Webinar: Performance Excellence and Your Agency

Thursday, December 1, 2011
Thursday, December 8, 2011
Thursday, December 15, 2011
Thursday, December 29, 2011
3:30 pm – 4:30 pm

2012 ANCOR Annual Conference: Leading Cultures of Innovation and Advocacy

May 6–8, 2012



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*Believe it ... ANCOR's P-CARD users are pocketing “free money”
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With new and improved incentives, your agency could share in rebate opportunities established by the collective purchasing power of all ANCOR members participating in ANCOR's P-Card Program.

Simply charge everything from paper clips and medical supplies to gas and capital items like computers or appliances!

Once your annual P-CARD purchases reach \$250,000, your agency will be eligible for a rebate made possible by the collective spending of ANCOR members participating in the program! This allows your agency to reach rebate levels unobtainable on your own!

Take it from those who know –

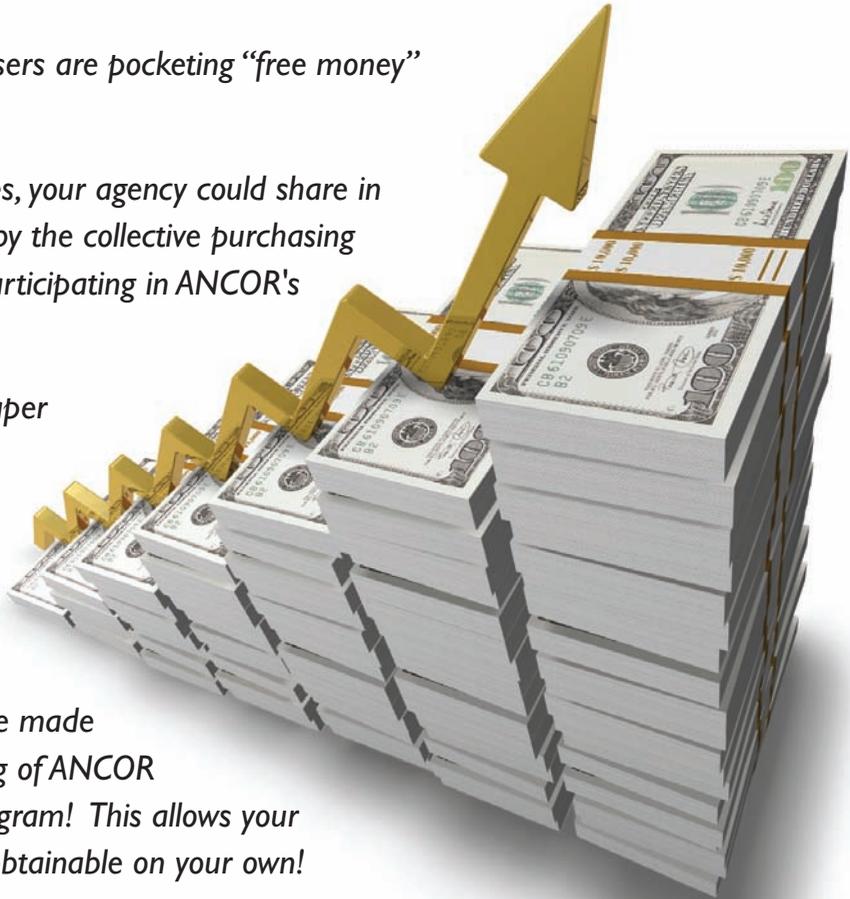
“We now have access to real time purchasing information. We incur no fees. Instead, we receive an annual rebate of \$10,000 for using the P-CARD.”

–Chuck Sweeder, Keystone Human Services

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Contact Lori Allen, U.S. Bank's AVP-Sales.
Be sure to identify yourself as an ANCOR member when calling or e-mailing for more information:
Phone: (859) 384-4487 • Email: lori.allen2@usbank.com

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



OHI CEO Says CDS Training Is 'Critical' for Staff

By Tom King

After years of wild anticipation, the long-awaited College of Direct Support, snow and the north wind all arrived on the doorstep of OHI in March 2010. OHI is a 33-year-old nonprofit organization that serves citizens with a variety of abilities and disabilities throughout "Downeast Maine."

OHI's greatest asset is its 260 Direct Support Professionals (DSPs), who work in a multitude of services supporting more than 200 people with intellectual disabilities and autism and more than 400 other Maine citizens with mental illness, many of whom are or have recently been homeless.

OHI—based just outside of Bangor, Maine—provides case management, daily living supports, skills development, community rehabilitation services, clinical supports and a wide array of housing options. These services spread throughout five rural counties and to more than 150 specific locations.

OHI is a long-time member of ANCOR and its CEO, Bonnie-Jean Brooks, is vice president of the ANCOR Foundation Board of Directors and a past president of the ANCOR Board of Directors. CDS is a proud partner with ANCOR, as well.

Prior to July 1, 2010, all DSPs at OHI who were supporting people funded by the Medicaid Home and Community-Based Waiver had to be certified through the use of a state curriculum. "Unfortunately, the curriculum became outdated and expensive to administer, so the state turned to the rapidly expanding, highly regarded College of Direct Support (CDS)—and it did it hook, line and sinker!" Brooks said.

Seven agencies were asked to pilot CDS on a volunteer basis from March through June 2010. OHI stepped forward and was chosen. "As founder and CEO of OHI and a former ANCOR president, I had a better-than-average working knowledge of CDS from my leadership roles with ANCOR and the ANCOR Foundation, both champions

of this innovative curriculum," Brooks added. "I also had been on one of the advisory groups working on the development of some of the curriculum components."

OHI developed a CDS Implementation Team and began to explore the organization's nooks and crannies. They conferred with Scott Trudo from New Hampshire, an early CDS pioneer and a tremendous CDS advocate. Several providers from across the country were also immensely helpful in sharing their experiences and advice. Additionally, OHI wrote to and received a grant from the JTG Foundation to purchase the hardware technology and to engineer the space necessary to create a 10-station computer lab.

All new direct support employees are required to engage in learning by using CDS. OHI decided that for the first year, it would train all new employees in CDS and enroll all supervisors and leadership team members in the College of Frontline Supervision and Management, using 22 of the 33 courses.

"We are in the process of developing an incentive program for our other employees who were working at OHI when we implemented CDS. We believe that it is critical that all staff be equally trained through this curriculum that focuses on leading practice," she explained. "We quickly discovered our new employees were learning skills and practices that some of the longer-term employees had not learned."

Currently, OHI has 30 active learners fully engaged in CDS, and 76 others have graduated with flying colors. There are many more in active stages of learning or who have graduated from the other agencies whose programs OHI administers.

OHI has been so vocal about the impressive benefits of CDS that the president of the Maine Association for Community Service Providers



Tom King

asked Brooks to convene a working committee of some of its members to join with representatives of the state in making suggestions for "next steps" and to begin to work on further policies and procedures to more fully take advantage of CDS.

"In this austere budgetary environment and with the turmoil of a new state administration, CDS is a blessing. It is a comfort to be using a state-of-the-art curriculum that is constantly being reviewed, updated and enhanced," Brooks said. "OHI is thankful for the wisdom and work of all of those involved in CDS and looks forward to a continuing relationship as the winds of change continue to blow around all of us and the years roll by." ●

If you have questions or need more information, you can contact Brooks at bbrooks@ohimaine.org or call her at 207-848-5804 (Ext. 126).

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.

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.



Bonnie-Jean Brooks



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Follow your spirit to ANCOR's booth or www.ancor.org to learn how providers are working to double employment for people with intellectual and developmental disabilities by 2015 by promoting strong, inclusive communities.

In one year, Maria Cordova, (shown, left, with Sarah on the job at Pier One) of



Adelante Development Center of Albuquerque, NM found 115 of the individuals she serves good jobs in their communities. That's one

reason why Maria was named ANCOR's 2010

DSP of the Year. Maria is

just one of more than 500,000 DSPs working for ANCOR members connecting the people they serve to the lives they envision.



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