



ANCOR Links

January/February 2015

Columns

CEO Perspective: 2.6 Million Views

Barbara Merrill, Esq.

What's a good yardstick for measuring influence? And on the 25th anniversary of the ADA, how does the disability community command a larger audience?



What's a good yardstick for measuring influence? Making the New York Times Best Sellers list? Being nominated for a Pulitzer Prize? Attracting over 11,000 Twitter followers? Matching wits with Stephen Colbert? Having your book, which was published two years ago, prominently displayed on the "Staff Recommendations" table at the independent bookstore frequented by President Obama? How about having your [Ted Talk](#) attract 2.6 million views?

I'd take those metrics in a heartbeat. The disability community is constantly trying to figure out how to get our message out to the greater population – we use pollsters to test messages, we gobble up the latest treatise on communication techniques, we jump on all manner of new social media – but we all too often find ourselves just talking to each other. That's why I'm fascinated by Andrew Solomon, the headliner for our upcoming [2015 ANCOR Conference: Ignite!](#)

Solomon has written an incredibly compelling book that looks at disability – and what he calls other "horizontal identities" – through a different prism. What does a child prodigy have in common with a dwarf? How does deaf culture enrich the fabric of our common experience, and what will we lose with cochlear implants or medical advances that could cure autism?

Far From the Tree was published in 2012 – but his [Ted Talk](#) just jumped up another notch into the top viewed. The book registered a very respectable nine weeks on *The New York Times* best-seller list and critical acclaim was over the top. *The New York Times* Book Review said that it is "a book everyone should read." *USA Today* described it as "a bold and unambiguous call to redefine how we view difference" and the *Pittsburgh Post-Gazette* proclaimed that it "stands apart from the countless memoirs and manuals about special needs parenting published in the last couple of decades."

I'll confess, I completely missed his book until I found it in Politics and Prose last November. I couldn't understand how such an influential book about our space escaped my notice. Compulsively, I began to informally poll colleagues and felt vindicated – but surprised – that only a minority could tell me anything meaningful about it, while a number of people were vaguely aware of it. Several reported that the book is on their bedside tables, but only a handful had read it.

I'm fascinated by how a guy who presented a Ted Talk that attracted 2.6 million views hasn't fully grabbed the attention of our community. Is it because he doesn't work in our field? Because reading yet another book about disability is too much of a busman's holiday? Perhaps it's because he is of and moves with the New York/UK elite (he got married at the estate of Princess Diana's family)? Here's my guess – it's probably due to a bit of all of the above, but mostly it's because his message is a "sleeper" – a message that slowly builds, gaining a wider and wider audience over time.

Solomon invites people who don't think about disability – or gay culture, or the experiences of child prodigies – to imagine what we would lose in a world without difference. On the 25th anniversary of the ADA, amid increasing expectations of community inclusion, his message is incredibly timely. We're great at talking to each other, but we need people who command larger audiences. We need an "Army of Solomons."

Andrew Solomon will keynote the [2015 ANCOR Conference: Ignite!](#) in Arlington, VA on Sunday, May 3, and sign books immediately afterwards.

Author LINK: **Barbara Merrill** is CEO of ANCOR. She can be reached at bmerrill@ancor.org.



President's Corner: If it Were Easy Anyone Could Do It

Chris Sparks

A message from our ANCOR Board President

The Necessity of Consensus Building



Fans of Stephen R. Covey's book, *The Seven Habits of Highly Effective People* probably remember that Habit 4 is "Think Win/Win." It's referred to as "the habit of mutual benefit." Covey stresses that highly effective people insist on finding win/win solutions to the thorniest problems — not watered down compromise, but truly innovative ideas that move the needs of all parties forward. **I had occasion to think about being committed to win/win agreements at our ANCOR Governmental Relations Planning Retreat on January 6-7, 2015, in Baltimore.**

To be more prepared for larger group discussion (and in response to a growing sense of urgency to be more effective with our public policy efforts) the GR Committee Co-Chairs and NAC Co-Chairs met in Alexandria on December 8, 2014, to put forward a more organized set of priorities. **We were prepped for great discussion and inevitable consensus building.**

The State Association Executives met in retreat the day before the GR retreat, and many joined us and provided key input and valuable insight. Finally, the ANCOR Foundation Board members spent the day before in their own retreat, planning strategy and activity. **The involvement of so many committed volunteers allows ANCOR to expand our reach and effectiveness.**

To inform the conversation, we typically invite legislative and administration staff to provide information on pressing issues. This year we had the opportunity to hear from:

- Rodney Whitlock, Health Policy Director for Senator Charles (Chuck) Grassley (R-IA), who shared information about his draft "Medicaid Bonus Demonstration."
- We had a listening session with Laura Fortman, DOL, Deputy Administrator, Wage and Hour Division (and other DOL staff) on the possibility of revising the overtime pay threshold for salaried employees and its potential impact on ANCOR members.
- We began with a Washington update provided by our public policy consultant, Licy DoCanto of The DoCanto Group. Licy detailed the shifting leadership and committee assignments given November's election. He also provided valuable input throughout our time together and facilitation for the several hours the group discussed ANCOR's public policy agenda.

Compliments to CEO, Barbara Merrill, and the ANCOR staff for having built relationships that create these opportunities.

By the time we started discussing our draft public policy agenda we were as prepared as any group of people could have been. As our public policy priorities were presented by Daryn Demeritt (one of the NAC Co-Chairs) and myself, there was much strenuous conversation. Questions were raised about intent, strategy, and whether our priorities led naturally to the outcomes we were seeking. **This is the kind of high-level conversation that we hoped for and that strengthens our positions.** There was also frank concern expressed about where we are poised on the continuum of change in our service delivery system and how much energy is appropriate for us to spend protecting the more facility based aspects of our services. These are questions that challenge us to our very core.

After several hours of discussion over two days, it was clear that consensus was not within our grasp. We know it is impossible to adopt a public policy agenda that pleases every member, but we do need general agreement among members of the GR Committee. What would Stephen R. Covey do? He would advocate that we have continued dialogue until we find agreement (most certainly resulting in an improved statement of our legislative priorities). And

that is just what we are going to do. There was a call scheduled for late January to finalize the public policy agenda so it can be presented to the ANCOR Board of Directors in February.

As we work towards consensus, I want to share my opinion of the common characteristics that ANCOR's public policy priorities must share:

- They must advance the effectiveness and facilitate the success of our membership. We are a trade association and are compelled to work on behalf of members.
- They must be good for people with ID/DD.
- They must provide evidence to members, administration officials, and elected officials that ANCOR is an indispensable and clear-eyed partner for relevant public policy efforts.
- They must have the power to galvanize and move our membership to action.

I want to express my gratitude to the committee members who made the trip to Baltimore, and others that so passionately work for effective and person centered public policy in these challenging times.

Author LINK: *Chris Sparks* is Executive Director of Exceptional Persons Inc. He can be reached at chris.sparks@episervice.org.



Public Policy: Reports from the Policy Front

Katherine Berland, Esq.

Highlights from ANCOR's "Washington Insiders Club," a weekly round-up of top stories and headlines of the week distributed to ANCOR Members only.

Highlights from ANCOR's Washington Insiders Club (WICS)

ANCOR distributes WICS, a round-up of top stories and headlines of the week, to ANCOR Members only to keep them up to date on significant policy and political developments of note to the disability community. The following entries highlight the most significant reports of the last several months.

ANCOR Submits Comments to the Federal Health IT Strategic Plan

(February 9) On February 6, ANCOR submitted comments to the Office of the National Coordinator on their draft 2015-2020 Federal Health IT Strategic Plan, which identifies the federal government's health information technology (IT) priorities as the use of IT expands to permit more efficient care coordination and other improvements to the healthcare delivery system. Read more [here](#).

ANCOR Releases Memorandum on Impact of Recent DOL Home Care Rule Court Decisions

(February 9) ANCOR released a memorandum and FAQ's regarding the recent U.S. District Court for the District of Columbia rulings in the case of *Home Care Association of America v. Weil*. The purpose of the two documents is to update ANCOR members on the current status of the litigation that challenges key portions of the Department of Labor Home Care rule and to provide guidance on which portions of the rule are, and which are not, impacted by the recent

rulings that vacate the prohibition against third-party employer use of the companionship exemption and the narrowed definition of companionship services. Read more [here](#).

President's FY 2016 Budget

(February 9) The White House recently released the President's Fiscal Year 2016 Budget on time and is now preparing to defend its proposal in a series of hearings before Congress. Earlier, ANCOR was invited to the Department of Health and Human Services to review the budget proposal for the Administration on Community Living which, due to the Workforce Innovation and Opportunity Act of 2014 (WIOA), has now absorbed disability research and independent living programs.

Highlights of the President's budget include a focus on WIOA implementation in the Department of Labor budget, increased funding for housing for people with disabilities in the Housing and Urban Development budget, and a focus on home and community-based services (HCBS) in the Centers on Medicaid and Medicare Services budget. Read more [here](#).

CMS Releases Advance Copy of Revised ICF/IID Interpretive Guidelines

(January 26) On January 16, the Centers for Medicare and Medicaid Services (CMS) posted an advance copy of Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Interpretive Guidelines. ANCOR members were invited to submit comments on proposed changes to the guidelines, and a group of engaged members, working with consultant Catherine Hayes, compiled a list of recommendations which were submitted to CMS during the agency's development of the revised guidelines. Read more [here](#).

Florida Case Challenges Medicaid Rates for Children

(January 12) A Federal district court in Florida ruled that the state's program had failed to pay rates sufficient to ensure that children enrolled in the program had adequate access to care. The case centers around structural, financial and administrative barriers that the plaintiffs allege result in children not receiving the access to care to which they are entitled to under federal law.

The Florida case is one of several that have been filed by private parties against the state seeking to compel the Federal government to step in and force states to increase their Medicaid rates. Read more [here](#).

Allocated Money Will Finally Fund the National Housing Trust Fund

(December 22, 2014) The National Housing Trust Fund (NHTF), which was created in 2008 as a means of funding affordable housing for low-income individuals, has been unfunded since its inception. That changed last week when the Federal Housing Finance Agency (FHFA) issued a statement directing Fannie Mae and Freddie Mac to begin allocating funding to the NHTF. The NHTF is administered by the Department of Housing and Urban Development (HUD), which also issued a statement regarding the action. Read more [here](#).

CMS Issues Non-Residential Settings Guidance

(December 22, 2014) The Centers for Medicare and Medicaid Services (CMS) issued what they say is the "final guidance" on the HCBS rule. The guidance consists of "Exploratory Questions to Assist States in Assessment of Non-Residential Home and Community-Based Service (HCBS) Settings" and an updated section in its Q&A's titled "HCB Settings – Non-Residential" (starting on page 9). The non-residential settings guidance has been long-awaited among states, people served, disability-rights advocates, and service providers. Read more [here](#).

Author LINK: **Katherine Berland** is ANCOR's Director of Government Relations. She can be reached at kberland@ancor.org.



State Association View: Does the HCBS Rule Go Too Far or Does It Go Far Enough?

Diane McComb

More on the new HCBS rule that assures people with disabilities receiving Home and Community Based Services have full access to and full integration into all aspects of community life.



The recent adoption of the HCBS rule providing requirements for HCBS settings has states scurrying to fulfill the requirement of submitting a state transition plan that tells CMS how they will comply with the rule over the next five years. The rule is laudable — to assure people with disabilities receiving Home and Community Based Services (HCBS) under 1915 (c), (i), and (k) waivers have full access to all aspects of community life and the opportunity to receive services in fully integrated settings in communities across America. It's about time!

The Rule also applies to non-residential settings, such as day habilitation, sheltered employment and other day programs, requiring them to be in the most integrated setting appropriate to the individual and chosen by the individual. It establishes additional standards for HCBS settings including ensuring individual rights of privacy, dignity and respect, and freedom from coercion and restraint; optimizing autonomy and independence in making life choices; and facilitating choice regarding services and who provides them. It also codifies the requirements of person-centered planning and conflict free case management. For years, HCBS funds have been used by states to support people with disabilities in a myriad of settings in communities; however, many of these are arguably segregated. Large group homes, campus-based housing, HUD 811 projects, and others have all come under fire in recent years as not providing opportunities for people to participate fully in the day to day rhythm of their communities.

Thousands of people with disabilities currently live in residential settings that are not consistent with the HCBS rule. As states draft their transition plans, which must be submitted no later than March 16, 2015, there is little discussion of how to truly promote non-provider owned housing. There is virtually no discussion about how to convert existing HUD projects to comply with the rule; and there is no discussion about how people living on SSI incomes will afford the choices they make.

As states draft their transition plans, and we as stakeholders provide input, it is incumbent upon us to talk more about achieving the outcomes that people with disabilities say they want, rather than just a set of standards. As people age, many choose to live in congregate communities. When people transition out of school, many attend college and live in dormitories with their contemporaries; and, from time to time, according to life circumstances, people choose living arrangements that may be in conflict with the HCBS standards for settings.

I am of the mind that the best way to assure choice is to implement individual budgets with true ownership of funding capacity. If people with disabilities have that, they can always choose by voting with their feet. I am drawn to a wonderful story about Thomas, a man who was the first in his state to purchase his own townhome using Home of Your Own dollars about 25 years ago. He was so proud of his house! He talked about it all the time. I saw Thomas last year and asked him how he was doing. Life was wonderful he said. I asked him how his house was — and guess what? He said he'd sold his house because he was getting older and couldn't keep up with the lawn so well. When I asked him where he was living now, he gleefully told me he was living with three of his friends in a four person group home. He was loving life!

The point of this story isn't to glorify group homes or other congregate settings. It's to highlight choices differ throughout life and to raise the relevance of individual budgets, which some states have in place. Without it, Thomas would have found it difficult to act on his choices as his life changed. We need more discussion about individual budgets and more emphasis to help states get there and it should be part of the HCBS rule discussion. Once that occurs, the need to define prescriptive settings and requirements will be less important because people will choose what they want because they control their funding.

We should support the direction CMS is pushing the HCBS system for greater integration and access to community. All people with disabilities should have multiple opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal and resources to which they are otherwise entitled; but, we should also be integrating that conversation with discussion about individual budgets and how people with SSI level incomes will access stable, affordable, and accessible housing options. Watch future columns for an expanded discussion on this.

Author LINK: **Diane McComb** is ANCOR's Liaison to State Associations and can be reached at dmccomb@ancor.org.



Wage & Hour: Computing Employee Overtime

Joni Fritz, Labor Standards Specialist

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Overtime for all employees not specifically exempt under federal wage and hour law must be paid based on the “regular rate of pay,” which includes all remuneration for employment. The regular rate must include promised or routine bonuses—including those often referred to as recruitment and retention bonuses—though not holiday bonuses, which could be considered routine in most agencies that pay them. It must also include the value of room and/or board when these are deducted from wages.

Periodically, a single employer or group of employers will develop a method of payment to reduce the amount of wages that should be included in the regular rate when computing overtime. These “schemes” (as they are often referred to by the Department of Labor) are usually illegal. One identified fairly recently is referred to as a “per diem pay scheme.” Per diem payments are compensation for living expenses incurred on behalf of the employer, such as transportation, meals, and lodging.

Per Diem Pay Scheme

The DOL's New Orleans District Office of the Wage and Hour Division found a pattern among employers in their district in the temporary staffing industry and launched a planned initiative two years ago to identify employers in this industry who were using a per diem pay scheme to reduce overtime payments. Their Southwest and Southeast Regions began “directed investigations” to address concerns about employers’ practices of misclassifying a portion of temporary workers’ earnings as per diem payments.

The investigations in fact were successful in uncovering: “evasive per diem schemes through which companies misclassified a portion of workers’ earnings as per diem payments.” In the New Orleans District, these payments were not included in employees’ gross wages for purposes of determining the regular rate of pay on which overtime was paid. By characterizing the wages as per diem, the employers were attempting to pay overtime premiums on an artificially low regular rate due to the exclusion of alleged per diem payments from regular rate determinations. Therefore, workers were denied correct overtime compensation resulting in violations of the Fair Labor Standards Act. Since per diem payments are not considered wages, they also were excluded from both state and federal taxes, a savings to employers as well as employees.

When discovered during this initiative, the illegal calculations resulted in employers being required to pay millions in back wages. According to DOL, three large agencies operating along the Gulf Coast paid as follows:

- \$41.6 million in back wages to 1,543 current and former employees;
- \$2 million to 2,267 employees; and
- \$59,209 to 107 workers

In addition to paying back wages, these employers signed compliance agreements to prevent future violations of the FLSA. The DOL also notified the Internal Revenue Service and applicable State Commissions of these underpayments. “In the end,” stated DOL, “cutting costs and shorting workers comes with a hefty price tag.”

*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 she that has conducted. Any ANCOR member who wishes to make arrangements for consultation or workshops with Joni must first contact Esmé Grant, ANCOR Senior Director of Government Relations, for a referral at (703) 535-7850, ext. 105 or egrant@ancor.org.*



Articles

ANCOR Files Amicus Brief in Supreme Court Medicaid Rate Case

ANCOR is the lead organization in the Supreme Court filing related to the Armstrong v. Exceptional Child Center, Inc. case.

On December 23, 2014, ANCOR filed an amicus curiae ("friends of the court") brief in the Supreme Court case [Armstrong v. Exceptional Child Center, Inc.](#) (Docket No. 14-15). The case has the potential to significantly impact state Medicaid programs nationwide if the Court rules that private providers have legal standing to hold states accountable to having adequate Medicaid rates. ANCOR was joined in the brief by the American Health Care Association/National Center for Assisted Living, the National Community Pharmacists Association, the American Pharmacists Association, and America's Essential Hospitals. The brief was prepared and filed by Joel Hamme, Esq., of Powers Pyles Sutter and Verville, P.C.

The case was originated in Idaho by a group of Medicaid waiver residential habilitation providers who brought suit against the state challenging the adequacy of existing Medicaid rates. The providers argued that the state was aware that existing rates were not sufficient to provide services prescribed by the state Medicaid program, and brought action against the state when the state legislature did not appropriate necessary funding. At issue is whether a private party, in this case, providers, has the right to bring a private right of action against a state under the Supremacy Clause of the United States Constitution. The Supremacy Clause establishes that federal law generally takes precedence over state law. Medicaid is operated by states with federal oversight, requirements, and funding. The Supreme Court granted review of the case to consider whether the Supremacy Clause applies under these circumstances.

"Ensuring that Medicaid programs are funded appropriately is essential to providing quality supports and services to people with significant disabilities," said **Chris Sparks**, President of ANCOR Board of Directors. "We hope this case will reinforce the importance of regularly reviewing rate adequacy and making periodic adjustments to meet people's needs."

Amicus briefs are filed by interested parties who are not litigants in a case. More than a dozen amicus briefs have been filed to date, representing dozens of interested parties. (A complete list with links to court documents, including amicus briefs filed, is available [here](#).) In addition to provider and other stakeholder organizations, several Democratic members of the U.S. Congress filed an amicus brief supporting the argument that Congress intended to preserve the private cause of action for parties who seek to enforce Medicaid's federal authority over state actions to the contrary.



Supreme Court Hears Medicaid Rate Case as ANCOR Argues for Support

Oral arguments presented in the *Armstrong v. Exceptional Child Center, Inc.* case.

On January 20, the Supreme Court heard arguments in the case [Armstrong v. Exceptional Child Center, Inc.](#) (Docket No. 14-15).



Barbara Merrill, ANCOR CEO at the Supreme Court after the oral arguments.

In December, ANCOR filed an amicus curiae ("friends of the court") brief in a case that has the potential to significantly impact state Medicaid programs nationwide if the Court rules that private providers have legal standing to hold states accountable for setting adequate Medicaid rates. ANCOR was joined in the brief by the American Health Care Association/National Center for Assisted Living, the National Community Pharmacists Association, the American Pharmacists Association, and America's Essential Hospitals. The brief was prepared and filed by Joel Hamme, Esq., of Powers Pyles Sutter & Verville PC.

At issue is whether a private party, in this case, providers, has the right to bring a private right of action against a state under the Supremacy Clause of the United States Constitution. The Supremacy Clause establishes that federal law generally takes precedence over state law. The federal Medicaid program, established by the Social Security Act, is operated by states with federal oversight, requirements and funding. The Supreme

Court granted review of the case to consider whether the Supremacy Clause gives Medicaid providers a private right of action against the state to enforce adequate reimbursement rates.

Idaho officials argued that only the state and federal government should be able to set provider fees in Medicaid and that all other "private parties," including beneficiaries and providers, should not be able to use the court system to challenge rates. Twenty-seven states and the Obama administration are supporting Idaho's appeal, along with the National Governors Association.

In its brief, ANCOR argued that while the Supreme Court should affirm the lower court's determination that private parties do have a private right of action against states under the Supremacy Clause, the court could also come to the same conclusion by applying a Congressional mandate that requires that certain causes of action relating to Title XIX of the Social Security Act be considered using standards established before 1992.

Barbara Merrill, CEO of ANCOR, who attended the oral arguments at the Supreme Court, said, "ANCOR was pleased to have the opportunity to advocate for the right of providers to challenge inadequate rates within their state Medicaid system. We are encouraged that the Court has taken up this issue, which will hugely impact millions of people that rely on Medicaid funding for essential services."



Winter Preparedness Tips for Vulnerable Populations

Rick Rader MD, EP Magazine

This list of tips from the CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD) go a long way toward being prepared during the Winter.

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The following is a list of tips from the CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD) that will help vulnerable populations be prepared for winter.

- A car battery can charge an electric wheelchair during power outage. See more tips for people with disabilities ([Emergency Preparedness](#)).
- Did you know that infants lose heat more easily than adults? Don't let babies sleep in a cold room, especially if the baby is less than 1 year old.
- If your power fails, refrigerated baby food warmer than 40 degrees (F) for more than two hours is not safe to eat and should be thrown out.
- Important for people with a disability: Identify and map the [closest accessible shelters](#).
- Talk with kids about plans if you lose power. Build a kit together with things to stay warm. Use a flashlight for light, not candles.
- Power outages may impact medical services for people with disabilities. Learn how to help ([Emergency Preparedness](#)).
- Keeping warm: repurpose a sleeping bag – unzip, cut armholes in bag and cover person in wheelchair.
- Keeping feet warm: many snow boots have Velcro straps and zip up easily over leg braces/prosthetics.
- Pack extra blankets in your car's emergency kit to keep you and your family warm if you are stranded ([Winter Weather](#)).
- Check your baby's temperature and, if it is below 95 degrees, go to the doctor ([Recognizing Hypothermia](#)).



Blast from The Past: Victory in the Eleventh Hour

To commemorate ANCOR's 45th anniversary, this year we're publishing articles from *LINKS* issues of the past.

To commemorate ANCOR's 45th anniversary, this year we're publishing articles from some LINKS issues of the past. The following posting is an excerpt from the first LINKS article published in the 21st century, when it ran—exactly 15 years ago—on the cover of the January 2000 issue of ANCOR LINKS (Volume 30, No. 1).

Victory in the Eleventh Hour

Passage of Work Incentive Marks the Final Act of the Millennium

Before the Senate and House of Representatives completed their work in November—ending the first session of the 106th Congress and the last session of the millennium—both chambers passed pending work incentives legislation. As its final act, the House voted 418-2 on November 18 in favor of the conference report on the *Ticket to Work and Work Incentives Improvement Act of 1999* (H.R. 1180). The following day, the Senate voted 95-1 in favor of the bill....



ANCOR staff with House Speaker Dennis Hastert (R-IL), Representative Rick Lazio (R-NY) and other members of Congress after the historic, bipartisan vote during the last session of the millinneum.

At a time when the economy is performing at record levels, the unemployment rate among working-age adults with severe disabilities remains at nearly 75 percent. Less than one-half of one percent of people receiving Federal disability benefits actually work. Under current law, people with disabilities often become ineligible for Medicaid or Medicare if they work – place them in the untenable position of choosing between health care coverage and work. If only one percent (or 75,000) of people receiving Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) left the Federal disability programs to work, it would produce a lifetime savings of \$3 billion.

The new landmark legislation will make it possible for millions of Americans with disabilities receiving SSDI and SSI to join the workforce without fear of losing their Medicare or Medicaid coverage. It also enhances the employment service system for people with disabilities by allowing them to choose private providers of employment services.

Bipartisan and Widespread Support Are Key to Passage

The passage of the work incentives legislation eliminated barriers to work for millions of Americans with disabilities. It will improve access to health care by providing greater state incentives and options for Medicaid coverage for workers with disabilities.

The legislation was frequently referred to as a win-win for everyone—people with disabilities and their families, local communities, state and Federal governments. The overwhelming Congressional bipartisan support for this bill and the involvement of grassroots interests throughout the country sent a signal to all that this bill was ripe for passage.

Meeting outside the House chambers in the Capitol, ANCOR staff had an opportunity to

congratulate the bill's sponsor—Representative Rick Lazio (R-NY)—and House Speaker Dennis Hastert (R-IL). Referring to the reduced number of years for the bill's Medicare extension from six to four-and-one-half years, Lazio promised to continue the fight next year to reach the full six years originally proposed in the bill. Cosponsor Representative Robert Matsui joined in the conversation and reported that he and Representative Lazio had already discussed plans to work together next year on getting the full six year Medicare extension. It is this kind of bipartisan spirit that was so helpful in ensuring eventual passage of work incentives legislation.

Legislation Transforms Current Federal Disability Programs

The *Ticket to Work and Work Incentives Improvement Act* gives people with disabilities who want to and can work a chance to do so by removing the out-dated (sp) rules that end Medicaid and Medicare coverage when people with disabilities return to work. It modernizes the employment services system for people with disabilities.

The legislation builds upon a Medicaid option established by the Balanced Budget Act of 1997 (BBA) to provide Medicaid coverage to certain low-income individuals with disabilities who go to work. Currently eight states have elected the BBA Medicaid option—Alaska, California, Iowa, Minnesota, Oregon, South Carolina, Vermont and Wisconsin....

ANCOR was pleased to play a significant role in the passage of this milestone legislation. Appreciation is extended to primary sponsors Senators Jeffords, Kennedy, Roth and Moynihan and Representatives Lazio, Bliley (VA), Bolarakis (FL), Matsui (CA), Waxman (CA), and Dingell (MI) and to their staff[s] for their hard work and faithful dedication over the past two years.

For the hundreds of ANCOR providers—their staff[s], families, and people with disabilities to whom they provide community living and employment supports—involved in making this dream come true, a special thanks to each and everyone. You have helped change history and reshape public policy for the 21st Century! Not a bad way to begin the new millennium.



Fred Romkema Retires

Long-time ANCOR member retires after 38 years of service.



Fred Romkema, long time CEO of Northern Hills Training Center (NHTC) in Spearfish, SD has retired from the agency along with Barbara Oates, Lucille Hart, and Dale and Doris Bruns founded NHTC with six clients in 1976. He never imagined that it would grow to approximately 145 people with disabilities served in a variety of living and working environments and 160 employees.

After 38 years of leadership as CEO, Fred retired in January. Fred has been described as a 'pioneer' in the 1970s. He was a speech therapist for the Spearfish schools when a group of parents started a committee to examine opportunities for people with disabilities. NHTC grew out of the conversations.

Fred has had a long history with ANCOR. He is currently serving as a director on the [ANCOR Foundation](#) Board of Directors. He was also recognized as one of ANCOR's [Legacy Leaders](#). Fred served multiple terms on the ANCOR Board of Directors, including Director, Vice President Member Services, President and Past-President. He has also always remained very active on the Government Relations Committee. ANCOR is so fortunate to have such a

committed volunteer such as Fred.

Fred also has quite a political history in South Dakota. He served as Mayor of Spearfish for nine years and is currently also serving in the South Dakota State Legislature, a position he has held since 2009.

Our very best to Fred on his retirement and hope that he can enjoy just a bit more time with his wife, Priscilla, and family, and also continue with his hobbies of running (he has 44 marathons under his belt!) reading, and riding motorcycles. We are certainly pleased that we'll continue to work with Fred on the ANCOR Foundation.



Remembering Ron Wiscarver

In Memoriam: Ronald Wiscarver



Ronald "Ron" Bernard Wiscarver, of Coal Valley, IL, died quietly at home with his wife of 52 years, Terry, by his side on January 9, 2015.

Ron was a minister before devoting his life and career to services for people with developmental disabilities. Over the years, he directed a number of provider agencies, and retired as President/CEO of Peoria ARC in Illinois. He was very active on both state and federal committees and boards including ANCOR.

Ron served on the ANCOR Board of Directors from 1998 through 2004, as a director and then vice president of government relations.

A private memorial will be held in the spring. Online condolences may be left for the family at www.vanhoe.com.



Comings and Goings

News and updates about ANCOR Member Executives



Morna Murray, Esq., CEO, Connecticut Community Providers Association is leaving the association as she was recently appointed by Gov. Daniel P. Malloy as the next Commissioner of Connecticut's Department of Developmental Services.

As commissioner, she will oversee a department that serves more than 19,000 adults and children with IDD and also manages the transition from institution to community based services.

Morna has been President/CEO of CCPA since April of 2013.



Richard Muholland, is now serving as CEO at Northern Hills Training Center (NHTC) in Spearfish, SD, which he joined on December 15, 2014.

Muholland brings a wealth of leadership experience as he was previously employed with the U.S. Department of Justice for 24 years.

He has also been involved in the South Dakota Special Olympics as a parent of an athlete and coach.

We welcome Rich to the ANCOR membership roster.

*ANCOR members at the executive level are encouraged to contact **Jerri McCandless** at jmccandless@ancor.org with news about their comings and goings.*

Technology ReView

A round-up of technology related to people with disabilities.

Samsung's Eyecan+ Helps People with Disabilities Interact with Computers through Eye Tracking

Samsung continues to pioneer electronic assistive technology devices, with the launch of Eyecan+, the company's second-generation eye mouse, that allows people with disabilities to compose and edit documents, browse the web, and perform other functions.



Developed by Samsung engineers in their spare time, EYECAN+ is the result of a voluntary project initiated by our engineers, who developed the gadget in their spare time. Read more [here](#).

Wearable Tech for People with Disabilities

[Read about](#) how haptic Haptic and GPS technologies are helping people with disabilities and those who are aging to be more independent in this health and wellness articles in *U.S. News and World Report* online.

Real Hands-Free Smartphone for People with Disabilities

Through the use of facial recognition software that interprets head motions, this [new device](#) helps people with disabilities use their apps without using their hands. The appropriately named Sesame Phone — designed by people with disabilities for people with disabilities — is turned on by simply saying "Open sesame." The phone is expected to ship in March 2015. See the Sesame phone being used to play Angry Birds.

Demo - Playing Angry Birds "hands free" wi...



Sensory Rooms and Their Use in Educational and Therapeutic Settings

A growing number of multi-sensory rooms are cropping up all over the country. These environments, housing with special equipment and tools such as a vibrating platform, speakers, an LED projector, a motorized mirror ball, beanbag chairs and bubble tubes, help people with autism and other disabilities better regulate the amount of sensory stimulation they experience. Read more about sensory rooms [here](#) and [here](#).

Assistive Technology Guide and Other AT Resources

A [comprehensive guide](#) has been developed on Edutopia to be used as a quick reference for navigating websites, articles, videos, tools and other resources related to assistive technology and accessible instructional materials. Also, EducationWorld offers a good set of [resource links](#) related to assistive technology in the classroom.

Google Sets a New Direction for Glass

Google announced recently that it would stop producing and taking orders for the experimental wearable device, which is controlled by voice and touch. The tech giant stated that it is still committed to launching smart glasses in another form. Read more [here](#) and [here](#).



Free Discount Health Cards

Save up to 75% on prescription drugs and dental costs — even up to 85% off pet prescriptions!

After practicing together for more than 25 years, two retiring dentists created a way of providing healthcare savings to as many people as possible. Drs. Deborah and Charles Elsenon founded [HealthCard4Free](#), a program that takes a typical discount prescription card and enhances it with free benefits. The resulting program provides a free discount dental, vision, hearing and prescription drug card with savings valued at over \$400.

HealthCard4Free is not an insurance or Medicare prescription drug plan, but it compliments insurance by offering additional discounts to save money. The discount healthcare card can be used with or without insurance and, when used with existing insurance, helps to lower out-of-pocket expenses without sacrificing coverage.

The plan is open to anyone, including ANCOR members, agency staff, persons served, and all of their families. The company states that more than 400 healthcare providers — dentists, podiatrists, eye doctors, and major specialists and major pharmacies — accept this discount card.

The enrollment process is very easy and convenient, and the entire process is done online. Once the application is submitted, the ID card is provided online, and is available for printing. The HealthCard4Free card can be used with or without insurance.

HealthCard4Free also offers a free card that saves money on pet prescriptions, pet supplies and veterinary services. Visit the website for more information about the [HealthCard4Free](#) plans.



Member Benefits

More Changes -- More Scrutiny

Tonya Harmon, CEO, CareDirector USA

Flexible case management and financial systems are available for ANCOR Members.

On a daily basis, providers face the challenge of providing the best services to the people they serve, while meeting new funding demands and tighter budgets. Funders are asking more and more detailed questions and requiring additional data to be collected and reported on. Ever changing billing rules have become a way of life.

These demands are forcing providers to implement more robust information systems to help them increase efficiencies in terms of gathering the frequent data requests, and to help them streamline business processes through the automation of common tasks, the sharing of information and increasing operational consistency.

Opportunity Partners Selecting a flexible case management and billing solution is only half the battle. Using the system to its fullest extent across the organization is equally important, and takes planning, commitment and resources to do so. One provider who recently implemented CareDirector® within their organization is Opportunity Partners in Minnesota. Soon after going live, they realized that in order to fully derive the benefits of the new system, they needed someone internal who understood both their business and the software.

Opportunity Partners is a non-profit organization that serves over 1,700 people with disabilities each year, offering employment services, residential and job training programs. The organization manages production, supported employment, and independent job placement programs in over 200 sites, and tracks assessments, plans, service time, attendance and case notes for hundreds of funding sources, each with their own billing and reporting requirements. **Ross Pringle**, their Business Analyst, has worked in the agency in a clinical capacity for several years, and was selected to lead the efforts to expand the use of CareDirector®. Read the [case study](#) on Opportunity Partners

Driving Change

We asked Ross Pringle, Business Analyst some questions about his day to day work using CareDirector® at Opportunity Partners.

[What do you do in a typical day at work?](#)

In a typical day I do a wide variety of things. I troubleshoot issues, in other words, I support the users of CareDirector. Most of the issues are user generated, and require training or explaining how our business works, meeting with staff in different departments, helping to lead change conversations and to clarify business processes, implementing the changes, and helping staff with requests for tools, such as new forms, dashboards, queries and reports.

[Has using CareDirector® changed anything at Opportunity Partners?](#)

Probably the biggest change across the organization is changes in how data is shared and used. The data is not owned by any one person or department anymore; what one user does with the data is instantly accessible and used by others – it's no longer an isolated user experience.

Opportunity Partners relies on data in the system more and more. The information we collect about a person – their activities, tracking the completion of forms, managing their risks – all of that is available to share with relevant staff, supervisors and management, and is referenced throughout the day. Accessing it is very fast and easy.

Today we can pull the broad data across programs and services, and look at trends in outcomes, enrollments and demographics.

How do people interact differently today with the new system?

We have what I call “aha moments,” when we realize we can do things much easier now, and give up old habits and procedures that are no longer needed. In the past, for example, if a user had a financial question, they would have to call or visit the finance department for the answer, or vice versa; if Finance staff had a question about a service or authorization, they would have to contact the program staff and then track the request in a separate document, and then update the document when they had the answer. Today users can access most of the information themselves online, and the updates are instant.

What do people like about the software?

They really like the ability to customize their own views and dashboards. A segment of our users are doing their own reporting and dashboards – it’s a small group but it’s growing. As they build their own skills they are teaching others, instead of having to depend on the IT department to do things for them.

How do you think the organization will benefit or change because of CareDirector®?

Opportunity Partners will continue to grow in its use of the system. As the funding sources drive changes, we need to focus on growing efficiencies, learning and being more effective. We are looking at examining enrollment trends, changing demographics, seeing where there might be a niche market or unmet needs.

We are becoming more efficient with data mining. We are constantly asked from agencies and funders for data requests that traditionally took many days or weeks to answer with many staff involved. Now we are becoming much faster and using less staff time to produce the results. We think we will continue to see an increase in staff time that can be better utilized in the organization, and will help us be even more efficient.

What do you think is the best part of managing CareDirector® at Opportunity Partners?

The ability to customize the system to meet our unique business needs is definitely the best part of the system. With CareDirector®’s tools and those in CRM – the forms tool, security roles, workflows - versus more rigid “out of the box” systems, we can fine tune the system to meet our growing and ever changing needs. The other strength of the system is the data reporting aspect and the ability to get real time business intelligence so that we can see and anticipate trends and ultimately make better leadership decisions.

How do you like working with our company?

I enjoy working with CareDirector staff. I have lots of interaction with the Support team, mainly Andy Patton, who is always very helpful. And I have the availability to ping the development team directly to help me troubleshoot particularly difficult issues, and that’s been really beneficial, saving me a lot of time and headaches.

CareDirector® CareDirector® is a web based and mobile case management and financial management solution that enables agency staff to be better informed, engaged and empowered. Staff can quickly and easily record person centered information; they can collaborate with one another directly; and can quickly and easily access the information they need about a person, a program or services.

CareDirector® is built on Microsoft Dynamics CRM®. We have over 17 years of experience in the field providing software to human services agencies and a highly flexible product that can be tailored to meet each customer’s needs.

For more Information on how you and CareDirector USA can work together, simply [contact us](#).

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ANCOR and CareDirector Announce Gold Partnership

Flexible Case Management and Financial System Offered to ANCOR Members

Flexible Case Management and Financial System Offered to ANCOR Members

ANCOR is pleased to welcome **CareDirector® USA** as a Gold Partner.

"CareDirector® is a welcomed partner," said ANCOR CEO Barbara Merrill. "With flexible case management software and billing systems that are easily tailored to an agency's specific needs, our members and the people they serve can benefit greatly."

CareDirector® is a web based and mobile case management and billing solution built on Microsoft Dynamics CRM®. Staff can record information in the office, out in the field or in a person's home; they can easily collaborate and share information amongst themselves or with family members; and can bill for services faster and more accurately than before.

CareDirector® is a global software vendor with almost 100 customers across the United States, Ireland and the United Kingdom and with over 17 years of experience in the field providing software to human services agencies and a highly flexible product that can be tailored to meet each customer's needs. To learn more, [click here](#).

"We are excited to work with ANCOR members to help them to be more informed and engaged with the people they serve and to improve overall agency efficiency," said Tonya Harmon, CEO of CareDirector® USA.

Read more about all of ANCOR's Gold Partners [here](#).



ANCOR and CapGrow Announce Gold Partnership

Strategic Leasing Options for Community-Based Housing Offered to ANCOR Members

Strategic Leasing Options for Community-Based Housing Offered to ANCOR Members

ANCOR is pleased to welcome **CapGrow Partners** as its newest Gold Partner.

"We're excited that CapGrow has joined ANCOR as a Gold Partner," said ANCOR CEO Barbara Merrill. "Since 2005, CapGrow has been assisting providers across the country with their community-based housing needs by offering strategic leasing options."

CapGrow helps providers who are looking to maintain capital for business growth, prepare for an acquisition or simply don't want to own real estate. To learn more, [click here](#).

"We are very excited about the opportunity to work with ANCOR members to identify and secure appropriate community-based housing solutions," said Matt Pettinelli, CEO of CapGrow Partners. "We currently lease hundreds of homes to dozens of service providers nationwide. Because of this they are able to focus greater resources on improving the lives of those they serve."

Read more about all of ANCOR's Gold Partners [here](#).



Did You Know: Dell and Furniture Concepts!

Check out these special offers for ANCOR members!

"Did You Knows" feature vendors in the ANCOR **Services Corp.'s Shared Resources Purchasing Network!**



Did You know that [Dell](#) offers special discounts to ANCOR members with impressive savings on desktop computers, laptops and more? [Click here](#) for details...



Did You know that [Furniture Concepts](#) offers sofas, loveseats, chairs and recliners in 100's of soft and supple fabrics designed to resist bodily fluids, bacteria, microbes, stain & soiling? [Click here](#) for details...



SRPN: What Members Are Saying...

The Shared Resources Purchasing Network (SRPN) partners with national companies to provide significant savings to ANCOR Members.

The **Shared Resources Purchasing Network (SRPN)**, administered by the *ANCOR Services Corporation*, partners with national companies to provide significant savings to ANCOR Members and supports ANCOR programs. Members who use the SRPN enjoy savings and leading purchasing practices, and can rededicate their savings to needed programs. The SRPN discounts with selected vendors also apply to Members' employees, persons served by the organization and their families. Here's what some ANCOR Members are saying about SRPN.

"Office Depot has provided us with the best value, pricing and selection for our office supplies. This is especially important because now we don't have to negotiate every time we purchase. We also appreciate their genuine customer service. Thanks to ASC's Shared Resources Purchasing Network we look forward to the discounts on Office Depot's supplies and services!"

National Children's Center

"ANCOR Services Corp's Shared Resources Purchasing Network has not only saved us money but, because our staff can also participate, it allows us to extend this discount opportunity to our employees."

Charlie Hooker, Keystone Human Services

For more information, including a list of SRPN vendor partners, visit [ANCOR Services Corporation](http://www.ancor.org) or contact Marsha Patrick at mpatrick@ancor.org.

