

## Building Partnerships Creating a Win-Win Through Partnerships

By Bonnie-Jean Brooks

Partnerships are generally thought to be the relationship between two or more parties for the mutual interest and benefit of all. There has never been a more critical time in our collective professional careers to find and keep partners and to develop rich relationships with them for the greater good of all.

Partnerships are essential for many reasons, and there are reasons to consider different partnerships for different purposes. Whether partnering to rally for a cause or as a business strategy, partnerships are undoubtedly important. Sometimes partnerships even involve getting into bed with strange bedfellows, so to speak—that is, ones whom you might not have considered as a partner a few years ago.

With all of this in mind and the winds of change at gale force in blinding snow, OHI's leadership has determined that partnerships are vital to our survival and the quality of our services. We wanted you to know about several of our partnerships and the value that they bring to the collective whole.



Lighthouse Leader pilot agencies train at the California University of Pennsylvania.

### Partnering for Collective Power

Several years ago, we identified that without a robust electronic medical record (EMR) that could accommodate multiple services and multiple populations, we would become obsolete and would not have the person-power to keep up with billing, quality assurance and improvement, risk management, and increasing demands on staff.

So we worked with four competitors to purchase an EMR. Between us, our services cover 2/3 of the geography of Maine. Our services include intellectual disabilities; mental health; substance abuse; corrections; hospice; crisis; veterans; aging; homeless; physical health; day care; pre-school; and a great deal more. The benefits have been amazing!

As a result, we have been able to buy an EMR much less expensively and negotiate with the vendor to hand-tailor it to our unique needs in a way that we never could have done had we each tried to do this on our own. In the process, we have benefited from individual pockets of expertise in each agency that we can call on to provide technical assistance and training in a particular area to the relevant employees of the other agencies.

We have far more negotiating power than we could ever have dreamed. And in the rapidly emerging managed care environment, we believe that our collaborative will be much more attractive to HMOs because of the combined "book of business" and pool of "covered lives" we have.

### Partnering to Pool Resources

With the mentoring, facilitation and technical assistance from Common Good

**As in any relationship, a partnership involves giving up something to get something. But...in a number of our partnerships, we have learned that sometimes giving up some long-held sacred cows has resulted in getting some new great ideas and outcomes we could never have imagined otherwise.**

Ventures, a Maine nonprofit that helps to build partnerships with and between Maine nonprofits, we are finalizing an exciting plan between three agencies to build a pool of staff in each agency who want to work some relief/substitute hours in the other agencies.

This is a benefit to each agency in reducing overtime and dealing with temporary openings

See *Partnerships for the Win*, page 4.

### Inside this Issue of LINKS:

For more articles on **partnerships**, see pages 6-9 and 12.

Know of a person or organization that champions inclusivity in your community? **Nominate them for the Community Builder Award**, page 11.

Read how a New Hampshire statewide program has been implemented to **recruit and train DSPs**, page 14.

# CEO Perspective

*In the Broader Context*

By Renee Pietrangelo  
ANCOR CEO

I know I'm always touting the latest provocative read that's spawned new thinking for me. *The Coming Jobs War*, by Jim Clifton, chairman and CEO of Gallup, is definitely worth adding to your reading list. The book was recommended to me by CQL CEO Jim Gardner, who characterized it as an eye-opening and compelling read.

Certainly in the context of diminishing public resources and the demand for good jobs, this book has noteworthy relevance. Based on an extensive worldwide study by Gallup, Clifton argues that no other factor would change the current state of humankind more—impacting prosperity, peace and human development—than enough good jobs.

**We are exceptionally well positioned as community organizations to engage in active partnerships.... To do so would require looking beyond the traditional partnerships we've historically cultivated.**

A good job is the new most important social value, which is a huge sociological shift for humankind. This actuality changes everything about how people lead countries, cities and organizations. Jobs drive GDP growth. Less GDP means the United States won't have the money to afford its entitlements.

Clifton predicts an imminent global jobs war. Few Americans are aware that small and medium-sized businesses are responsible for most of the jobs in the United States. Big business does not create significant new numbers of jobs. Therefore, the support of entrepreneurship is critical.

Clifton points to factors that—if better understood, advanced and improved—would have a sizeable impact on job creation: behavioral economics, entrepreneurship, customer science, high-energy workplaces, K-12 education, focus on 100 top cities and reducing healthcare costs.

The implications for our community are, I think, multiple:

- To begin, the era of entitlement (the post-WWII Boomer era) is coming to an end.
- The provider community has good jobs to offer if we can creatively realize the opportunity inherent in that fact.



**Renee Pietrangelo**

- Since all of the solutions posed by Clifton are based on local/community effort, we are exceptionally well positioned as community organizations to engage in active partnerships that address the job creation factors noted above. To do so would require looking beyond the traditional partnerships we've historically cultivated.
- Through better nutrition, lifestyle changes and other preventive health care measures, we can have a significant impact on reducing healthcare costs.
- We have the capacity to cultivate high energy workplaces that can spawn innovative and cost-effective solutions to supporting people with disabilities.

Let's start a conversation... ●

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# President's Corner

## Our Collective Voice

By Wendy Sokol  
ANCOR President

**“Then join hand in hand, brave Americans all,  
By uniting we stand, by dividing we fall;  
In so righteous a cause let us hope to succeed,  
For heaven approves of each generous deed.”**  
—The Liberty Song 1768

The Liberty Song is an American Revolutionary War song that is credited for the patriotic slogan “united we stand, divided we fall”—a slogan that is as relevant today as it was in 1768.

Though we are not at war with an opposing military force, we are in the midst of the greatest battle our industry may ever face. Our generation will be remembered as the generation that heralded the reformation of services and supports to people with disabilities.

Our collective voice must be heard if we are to show that Medicaid is not just numbers on a ledger to be slashed, but is

**Our enemy is ignorance—and our weapon is our ability to unite, partner with each other and ANCOR to ensure that our elected officials know the face of ANCOR, the face of our organization and the face of the people we support.**

an essential part of the lives of people in every community across America.

It is hard to imagine the decisions that occurred as our forefathers decided that the revolutionary war was the best option for this country. It was beyond “David vs. Goliath.” It was the most herculean effort ever imagined and yet today we know that a small group of committed individuals can achieve anything.

Just as our forefathers faced an uncertain future and cataclysmic change, so do we. The unity that connected them is a unity that will serve us well as we begin our march toward a new, and yet undefined, future—a future that cannot be decided in the vacuum of Washington.

We must determine our future and let our voice be heard across every state of the nation. ANCOR’s Medicaid Values People Campaign is our call to action.

You are asked to send to ANCOR your stories that illustrate the life-sustaining benefits that



Wendy Sokol

Medicaid funds make possible. These stories will challenge our elected officials and remind them that “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 ANCOR message can only impact the path of our destiny if we partner with each other through ANCOR and create a united voice across America.

Right now, while our congressional representatives are eager to hear from their constituents, we have an opportunity to educate and inform. Our people and their stories will change the course of this revolution because we will no

See *Our Collective Voice*, page 4.

*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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*Partnership for the Win, from page 1.*

due to turnover and is a special gift to Direct Support Professionals who are having a difficult time making ends meet and are looking for part-time or intermittent opportunities to earn more money.

#### **Partnering to Set Precedent**

Pilots, pilots, pilots! There was never a pilot that we didn't love! They are a lot of work, they are a lot of learning and they are a lot of frustration, but when we participate in them we have learned time and again that it helps us to develop meaningful partnerships with others.

Currently, we are engaged in two national and two state pilot programs. The two state pilots are with the State of Maine, and we feel very fortunate to participate. It has provided us information, an ear and certain intangibles that are more difficult to quantify including opening doors previously closed to us. It has also given us the opportunity to be proactive and on the front end of public policy development.

On a national level, OHI is one of ANCOR's and the Stephen R. Covey Group's five Lighthouse Agencies. In our willingness to volunteer for this pilot, we have gained four other agency partners in New York, Pennsylvania, North

Carolina and Iowa. Together, we are learning from each other and are applying leading practice ideas to our efforts to improve the quality of services and our leadership capacity. Along the way, we have developed a kind of "kissing cousin" relationship that makes it comfortable to plumb one another's human resources for great ideas and support.

As in any relationship, a partnership involves giving up something to get something. But interestingly, in a number of our partnerships we have learned that sometimes giving up some long-held sacred cows has resulted in getting some new great ideas and outcomes we could never have imagined otherwise.

The key to any partnership is to build it on a strong platform of trust in each other and with a strong mutual agreement about the ethical code of conduct expected of each partner. Too much time and care cannot be taken in this effort. It is the underlying principle of any partnership.

So my ANCOR friends, I hope that you all find yourselves saying more frequently than ever before, "Howdy, Partner," and when thinking about your partnerships, "WOW! This is a win-win for all of us!" ●

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*Our Collective Voice, from previous page.*

longer be a line item, we will have a face and a name and an unforgettable message.

You have time to prepare for the inevitable moment when ANCOR will herald the arrival of an enemy that will test our collective might. ANCOR asks you to prepare now and get your networks ready.

You need to recruit your troops from across your organization and your community. You will need to include your employees, the people you serve and their families, your board, funders, donors and other allies in your community.

Arm yourself with their phone numbers and e-mail addresses and prepare them with educational material you can download from the [ANCOR website](#). Connect them with each other and with other members across the United States through the [ANCOR Connected Community](#).

Finally, bring your troop leaders to Washington in early May so they can attend the [ANCOR 2012 Annual Conference: Leading Cultures of Innovation and Advocacy](#) and learn from the reconnaissance provided by loyal ANCOR veterans, scouts and allies.

We will unite at this event and deploy our surge on the Capitol, where our message will be clearly heard: Medicaid is a lifeline for millions

of individuals with disabilities, and cuts would be devastating to real people in their communities back home. The U.S. government cannot fix the nation's budget woes on the backs of people with disabilities.

Our enemy is not the deficit. Our enemy is not the government or the bureaucrats that create regulation to implement law. Our enemy is ignorance—and our weapon is our ability to unite, partner with each other and ANCOR to ensure that our elected officials know the face of ANCOR, the face of our organization and the face of the people we support.

We are integral to the national healthcare reform effort and can identify cost-effective best practices that support people with disabilities while honoring choice and ensuring quality outcomes.

We must unite and stand hand-in-hand so our collective voice will be heard to ensure that people with disabilities have access to high-quality, comprehensive, affordable health care that meets their individual needs and enables them to be healthy, as independent as possible and participating members of their community, and we will not stop until we have found the funding to implement this solution. ●

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## **Resources for Increasing Organizational Health Capacity**

*By Leslie Hoelzel*

Rolley learned to eat vegetables. Joe learned to drink water. Sheryl lost 20 pounds in 12 weeks. Dolly was able to stop using an oxygen tank. Gail could carry her own groceries again.

Using lesson plans designed for people with moderate cognitive challenges helps individuals receiving ARCA's services learn why their health is important—and DSPs help them practice healthy choices and planned exercise.

Graciella experienced a powerful transformation through 12 weeks of health classes and a year of health maintenance. When she lost more than 100 pounds, her spirit was lifted, she reduced reliance on daily medications and she gained a new appreciation for life and shopping.

Every *body* improves when you use Health Matters!

ARCA's **Spirit of Wellness** is a strategic effort to ensure that 1,200 individuals with developmental disabilities and employees have the resources to learn about wellness and make healthy lifestyle changes.

**Health Matters** is an evidence-based curriculum developed by the University of Illinois at Chicago (Heller, Marks and Sisirak) to help individuals aging with developmental disabilities learn how their body works, make healthy choices, and improve flexibility, aerobic capacity, balance and strength. Best yet, everyone taking the course engages in life-long learning that is fun!

ARCA's active **Employee Wellness Committee** responds to employee health trends with interventions that help keep everyone moving towards improved health. The interventions include a monthly Employee Wellness Activity Chart with incentives for learning and exercise, the annual ARCA on the Move walking event and an annual "Know Your Numbers" Health Fair.

Employees working towards health improvements are better role models for the people receiving our services, have improved productivity and mental wellness, and help the organization work towards reducing increasing health insurance costs.

*Visit [www.ARCAOpeningDoors.org](http://www.ARCAOpeningDoors.org) for more information on ARCA's wellness initiatives.*

*Author LINK: Leslie Hoelzel is grant manager for ARCA, which is based in Albuquerque, New Mexico.*

Aflac & ANCOR is proud to be part of the  
Shared Resources Purchasing Network for ANCOR members.

## Who is going to help pay life's necessities if employees get hurt and can't work?



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## Connecting the Dots: Collaboration Within the ANCOR Foundation

By Tom King

For many people and companies in today's world, it's the economy, the economy and the economy. But for the ANCOR Foundation—in 2012 and beyond—it's collaboration, collaboration and more collaboration.

"We cannot do this work alone," says Bill Tapp, chairman of the ANCOR Foundation's Board of Directors. "How we work as a foundation to partner with other entities and organizations to support our mission is so very important in this time in which we work and live."

And the mission of the Foundation is worth knowing and truly considering: "To build the commitment and capacity of providers and communities to improve the quality of life for people with disabilities."

It's all about the last nine words of the mission statement: "improve the quality of life for people with disabilities."

The foundation has a number of significant partnerships that focus energy and resources into the vital areas of:

- Developing and building leaders,
- Training Direct Support Professionals to provide stronger supports and skills for those they serve,
- Identifying replicable models of best practices, and
- Building the capacity of the workforce so it is valued as a profession, thus creating stability in the lives of those supported.

"If I had to pick one word to describe the focus of our collaborations, it's leadership," said Debra Langseth, director of the ANCOR

Here are the ANCOR Foundation's partners and programs that together form a vibrant and strong collaboration:

- Elsevier/College of Direct Support
- The National Leadership Institute on Developmental Disabilities at the University of Delaware
- The Stephen R. Covey Center for Leadership (Lighthouse Leaders)
- Amazon.com
- The Community Builder Awards
- The Legacy Leaders' Circle

Foundation. "Our partnerships really look at how we can develop, reinforce and expand leadership opportunities for member organizations at all levels...for DSPs, for administrative staff...through our programs looking at leadership within the community."

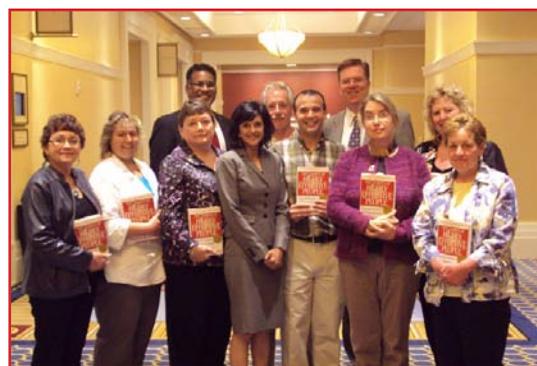
The foundation's **Legacy Leaders** are honored for their contributions to ANCOR and to the disability field during their years of service in the field. "We celebrate these leaders in our field and we want to and need to keep them connected to take advantage of their many years of experience that can be shared with others," Tapp said.

The **Lighthouse Leaders** help organizations achieve new levels of engagement with DSPs through an organization-wide leadership transformation. The Lighthouse Leaders pilot program is centered upon Stephen R. Covey's "7 Habits of Highly Effective People" and, in 2012 and 2013, has an increased focus on enhancing the leadership skills of DSPs.

The **Community Builder Awards** honor exemplary and praiseworthy initiatives of individuals and communities and/or community organizations that create community inclusivity through opportunities for people with disabilities to build social capital and live full, meaningful lives in their community, as contributing and valued members of their community. These awards also focus on leadership and positive outcomes for the people served and supported.

ANCOR is one of the official sponsors of the **National Leadership Institute at the University of Delaware**, which brings together a select group of future leaders from organizations across the country. The Institute was created to support the next generation of leaders in the disabilities field. It offers a variety of short-term, intensive leadership development experiences; an on-line certificate program; undergraduate- and graduate-level campus-based programs; distance learning opportunities; mentoring opportunities; a resource-rich website; and research and technical assistance.

Tapp points to a quote by the late Steve Jobs of Apple as being applicable to the Foundation's work. Jobs said: "Again, you can't connect the dots looking forward; you can only connect



Lighthouse Leader pilot agencies learn the "7 Habits of Highly Effective People."

them looking backwards. So you have to trust that the dots will somehow connect in your future. You have to trust in something—your gut, destiny, life, karma, whatever. This approach has never let me down, and it has made all the difference in my life."

"As Steve Jobs says about connecting the dots, we are working to connect the dots at your ANCOR Foundation," Tapp said. "It's not our foundation—it is everyone's foundation." ●

**"How we work as a foundation to partner with other entities and organizations to support our mission is so very important in this time in which we work and live."**

—Bill Tapp

To learn more about the ANCOR Foundation and its collaborative efforts and programs, contact Bill Tapp at 865.934.0221 or via email at [w.tapp@elsevier.com](mailto:w.tapp@elsevier.com). You can also reach Debra Langseth at 703.535.7850, ext. 115, or via email at [dlangseth@ancor.org](mailto:dlangseth@ancor.org).

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ANCORFoundation  
INCLUSIVE COMMUNITIES FOR ALL

## ANCOR Vendor Partnerships Pay Off Big for Members

ANCOR takes pride in helping its membership tap into big benefits and big savings, which means vendor partnerships with ANCOR pay off big. Our programs help fulfill ANCOR's mission to provide value-added benefits for members at great savings, while offering vendors in the disabilities community a variety of partnership and sponsorship opportunities in all shapes and sizes to satisfy their marketing missions.

### Building Partnerships Program

In choosing its partners, ANCOR looks to support the private providers' diverse operational, management and development needs. To encourage partnerships, the Building Partnerships program presents annual packages and one-shot deals for a specific dollar amount that allow companies to get their names and products in front of you.

Vendors choose their level of involvement according to their budget: Diamond, Platinum, Gold, Silver or Bronze. For example, among other benefits, Gold Partners enjoy are exhibit booths at conferences, advertising in *LINKS* and an ANCOR associate membership. Click [here](#) for more information on ANCOR's Gold Partners.

### Shared Resources Purchasing Network

Another optimal member benefit is the Shared Resources Purchasing Network, which operates through the ANCOR Services Corporation. The SRPN is ANCOR's "Stimulus Package" that brings discounted products and services from nationally recognized companies to members online 24/7!

By applying ANCOR's strength in numbers, the SRPN leverages the membership's collective buying power to drive dramatic discounts, and provide cost efficiencies and economies of scale.

*SRPN is also an independent income stream that ANCOR uses to further its programs and to help offset dues increases. By keeping our membership dues cost down and offering discounts through the SRPN Program, we allow providers to redirect precious dollars to mission-related activities.*

**SRPN discounts are available to all members and employees, persons served and their families**, which is yet another reason for families to choose ANCOR providers. There are currently 12 companies partnering in the SRPN. Click [here](#) for full listing.

### Increased Vendor Visibility

Advertising opportunities in *LINKS* and the ANCOR Connected Community create further visibility for vendors. Advertising revenues are as important as ANCOR's partnership programs as they contribute to the non-dues revenue stream that is so very important to ANCOR in keeping its overall membership costs down. As you peruse *LINKS*, take a look at what the advertisers have to offer!

### Tried and True

Here's what two of our members have to say about the value of ANCOR's partnerships:

"ANCOR's partners are great resources for my agency. I look to ANCOR when I need to find reliable, cost-effective services and products."  
—Dave Toeniskoetter, Dungarvin

"ANCOR is my single greatest resource, whether I need regulatory and legislative information or I'm looking for quality products and services for our staff and homes."  
—Wendy Sokol, Soreo ●

*For information on how to take advantage of ANCOR's special partnerships or how to become an ANCOR partner, contact Marsha Patrick or 703.535.7850, ext. 110.*



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# State Association View

Who's Your Partner?

By Diane McComb  
ANCOR Liaison to State Associations

State Associations across the country are working within their states to maximize the opportunities available through the Affordable Care Act. And why not? The ACA is perhaps the most significant piece of federal legislation affecting people with disabilities since the Americans with Disabilities Act was passed in 1992.

States are all over the map as they try to reign in healthcare costs associated with Medicaid, and the ACA provides multiple opportunities for states to maximize revenues while pursuing demonstration pilots that will hopefully increase quality while lowering costs.

The options open to states are so great that they cannot take advantage of every opportunity. At no time have there been so many choices from which states can choose.

One of those options under consideration by many states includes filing a State Plan Amendment (SPA) to develop specialized health homes.

Health homes already exist within the Centers for Medicare and Medicaid Services, but the ACA has added financial incentives effective January 1, 2011, to increase the number of states using health homes to coordinate medical and long-term services and supports for people on Medicaid.

CMS has indicated in the [State Medicaid Director's letter](#) that states can build upon existing health home models states may have, but with the caveat that they must bring them up to standard with fully coordinated, integrated care. States can request planning dollars to develop health home options, of which 15 states are taking advantage.

Eligible participants include Medicaid eligible individuals who have two or more chronic conditions (diabetes, heart condition, substance abuse disorder, asthma, or being overweight); one condition and the risk of developing another; or at least one serious and persistent mental health condition. States may add other chronic conditions in their State Plan Amendment if CMS approves.

Under this provision, both Missouri and Rhode Island have added intellectual and developmen-

tal disabilities, and Arkansas is looking closely at doing this as well.

In an unusual step, CMS is not writing regulations initially to allow full state creativity in developing their proposals. Services can include comprehensive care management; care coordination; health promotion; comprehensive transitional care from inpatient to other settings; individual and family support; referral to community and social support services; and the use of health information technology, as feasible and appropriate.

There are multiple provisions under the ACA that allow the health team to be comprised of multiple entities including physician, nurse care coordinator, nutritionist, social worker, behavioral health professional, and can be free-standing, virtual, hospital-based, community mental health centers, medical specialists,

nurses, pharmacists, nutritionists, dietitians, social workers, behavioral health providers, chiropractics, licensed complementary and alternative care providers.

Health home providers are expected to address several functions including, but not limited to:

- Providing quality-driven, cost-effective, culturally appropriate, and person- and family-centered health home services;
- Coordinating and providing access to high-quality health care services informed by evidence-based guidelines;
- Coordinating and providing access to mental health and substance abuse services; and
- Coordinating and providing access to long-term care supports and services.

States must also include people who are dually eligible for both Medicaid and Medicare. Health home SPAs can replace targeted case management, which New York is looking at. If states do this, they may no longer offer targeted case management (TCM) as a waiver service to the populations included in the SPA.

There is an increased federal match for health home services of 90 percent for the first eight fiscal quarters that a state plan amendment is in effect. A state could receive eight quarters of 90% FMAP for health home services provided to individuals with chronic conditions, and a separate eight quarters of enhanced FMAP for health home services provided to another population implemented at a later date.



Diane McComb

Additional periods of enhanced FMAP would be for new individuals served through either a geographic expansion of an existing health home program or implementation of a completely separate health home program designed for individuals with different chronic conditions.

The reporting measures for providers include seven quality measures all will have to report on. There is a requirement for states to move toward electronic health records in reporting on the measures, and designated providers of health home services are required to report quality measures to the state as a condition for receiving payment. States are required to collect utilization, expenditure and quality data for an interim survey and an independent evaluation.

CMS is anticipating improved outcomes including fewer hospital admissions, fewer emergency room visits, lowered time in chronic care facilities, and so forth.

CMS has approved four health home SPAs at present. Missouri has two approved SPAs (one for behavioral health and one that includes people with developmental disabilities as one of the chronic conditions). Rhode Island has two approved SPAs (one for children, which includes developmental disabilities as a chronic condition).

Additionally, there are four under development in Oregon, Washington, North Carolina, and New York, which is planning to submit an I/DD-specific home health SPA; one for HIV/AIDS, behavioral health and LTSS.

CMS has draft proposals from six other states (Alabama, Connecticut, Illinois, Iowa, Ohio, Oklahoma and one other), and fifteen states have approved health home planning requests (Arizona, West Virginia, Mississippi, Arkansas, Nevada, New Jersey, New Mexico, North Carolina, California, Washington, Idaho,

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Alabama, Wisconsin, Maine, and the District of Columbia).

Mathmatica and the Center for Health Care Strategies are providing technical assistance to states on developing health homes.

CMS is also collaborating with federal partners—including the Substance Abuse and Mental Health Services Administration, the HHS Assistant Secretary for Planning and Evaluation, the Health Resources and Services Administration, and the Agency for Healthcare Research and Quality—to ensure an evidence-based approach and consistency in implementing and evaluating the provision.

State associations could be very logical supporters of health home services by organizing a network of providers that could respond to the care coordination needs of people supported by their members. State associations should be providing leadership on this issue because we know how to do this! ●

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## Partnering for Protection

By Jacquelynn LaBagh

Since an article on abuse in state-run homes appeared in the *New York Times* in March 2011, more and more incidents are being publicized by multiple media outlets. While this particular article focuses on state-run homes, privately-run community providers face the same risk.

The *Irwin Siegel Agency, Inc.* is at the forefront of ensuring provider organizations are adequately informed of the threat of abuse within their services, while providing information and resources on what can be done to minimize the risk and has partnered with Praesidium, Inc., the nation's leading provider of abuse risk management services.

Through this partnership, ISA and Praesidium have been working with associations and provider organizations nationwide to educate employees and administrators on how to recognize the red flags of potential abusers. In addition, they educate providers on how to set up systems within the organization to deal with red flag behaviors and reduce the possibility that abuse will occur.

The damage one instance of abuse can cause

is astounding. These incidents cause serious hardship to your organization, employees, community and, most importantly, the individuals you support.

ISA partners with Praesidium in an effort to afford provider organizations with the means necessary to focus on their mission while creating a safe and nurturing environment for the individuals served. Effective abuse risk management can prevent an organization from unnecessary harm being inflicted on the people they support, losing credibility, and suffering extreme financial loss.

“National standards for sexual abuse prevention, as well as expectations from participants, donors, media, and government continue to increase. It is important that organizations go above and beyond their state's licensing requirements,” said Aaron Lundberg, Praesidium's Vice President of Account Services. “We have been so pleased to partner with ISA and applaud the strong support they provide insureds in this important area of risk.” ●

*Author LINK: Jacquelynn LaBagh is a coordinator for the Irwin Siegel Agency Risk Management Division.*



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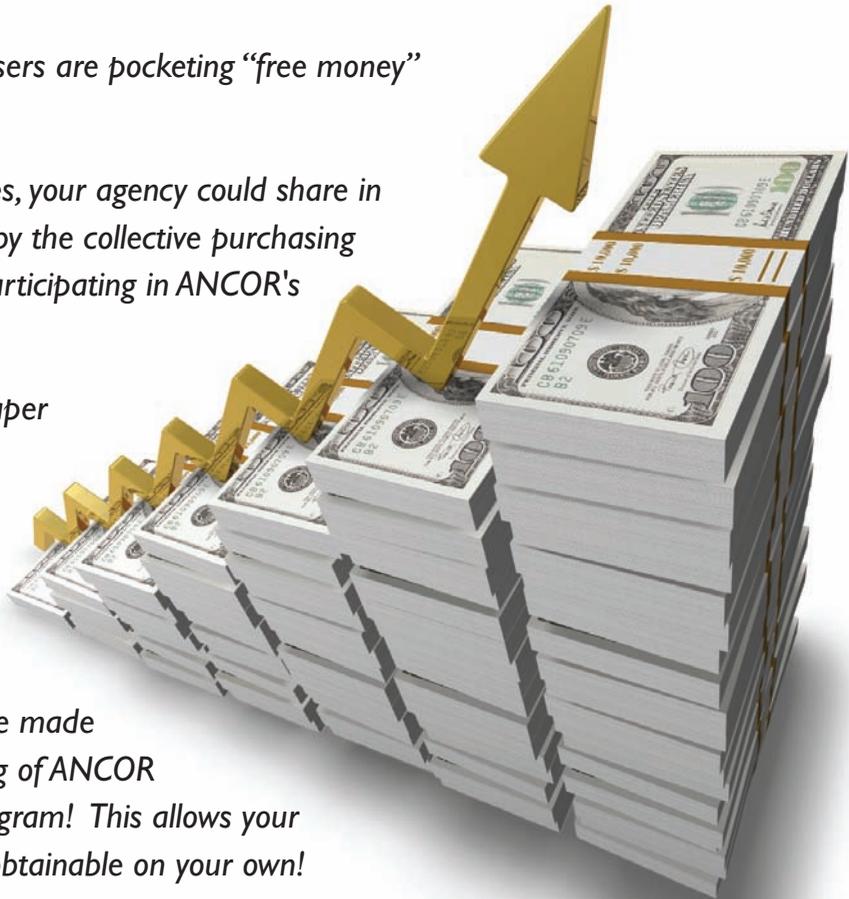
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*–Chuck Sweeder, Keystone Human Services*

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



## ANCOR Foundation Now Accepting Nominations for Community Builder Award

The ANCOR Foundation measures the soul of the community by its inclusivity, by the attitudes and actions of every community member toward people with disabilities—from providers to businesses to the organizations and individuals who work together to expand opportunity for all people.

It also measures the soul of the community by examples of bold leadership. That's why the ANCOR Foundation created the Community Builder Award (CBA).

The Foundation bestows this award in recognition of those individuals, communities or organizations that have had the courage to make inclusivity their mission—that is, those who have worked tirelessly so that people with disabilities may participate as contributing, valued members of their communities.

The Foundation awards this prize in recognition to those individuals, communities or organizations who have had the courage to make inclusivity their mission; that is, those who have worked tirelessly so that people with disabilities may participate as contributing, valued members of their communities.

The ANCOR Foundation Community Builder Award, a distinguished award with the highest level of professional acknowledgement, seeks to showcase outstanding achievements in three key areas:

1. **Best Practices:** Award recipients must offer an approach to community inclusivity that can serve as a model for others.
2. **Community Focus:** Priority is given to those who provide invisible support for their efforts, i.e., the community is considered front and center in fostering inclusivity.
3. **Partnerships:** Individuals and organizations that partner with employers, educational institutions, volunteers or other organizations highlight the understanding that a vital, interconnected community benefits all citizens.

These awards are presented in two categories:

1. **Service Provider:** Service providers are individuals or provider organizations that receive compensation for providing support directly to people with disabilities.
2. **Community:** The community award category honors any individual, group

or organization that does not provide service directly to people with disabilities. Examples are cities and towns, states, civic or religious organizations, park and recreation programs, or businesses or business groups—in addition to individuals and groups. These nominees have maintained a sustained effort to include and value people with disabilities in their communities.

Click [here](#) to access the 2012 Community Builder Award nomination form.

To submit your nomination, simply fill out the nomination form and click on the “Submit Form” tab once complete. Attach any additional documentation you need to the email, and send your submission to [dlangseth@ancor.org](mailto:dlangseth@ancor.org).

**Submissions must be received by March 16, 2012.** ●

*For more information on the Community Builder Award to submit a nomination, click [here](#). If you have any questions, please contact Debra Langseth at [dlangseth@ancor.org](mailto:dlangseth@ancor.org) or 703.535.7850, ext. 115.*



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## Partnering to Protect Critical Lifelines for People with Disabilities

By Erika Hagensen

A modest grant and a few friends can make a world of difference—especially when our community’s lifelines are at risk.

Social Security continues to provide a critical and reliable lifeline for individuals with intellectual and developmental disabilities (I/DD) and their families. As the national dialogue on the future of Social Security reaches a fever pitch, now more than ever, our community must actively and effectively join the discussion in meaningful and persistent ways.

With a small grant from the National Academy of Social Insurance, the Arc of North Carolina developed educational material in accessible formats intended for a broad audience: Individuals with I/DD—specifically an estimated 930,000 Disabled Adult Children (DAC) beneficiaries, family members, organizations working with and for this community and lawmakers.

That’s an ambitious agenda with limited funds and staff time. Partnership was the power behind this campaign.

A dedicated group of 12 local and state I/DD organizations—ranging from academic, research, provider and advocacy groups—partnered with the Arc of NC to form an advisory group providing feedback and lending expertise to the development and delivery of various materials.

This grant and our partners offered a unique opportunity to do so much more than simply join the fight to protect Social Security. We saw this as an opportunity to address broader objectives:

- **Increase financial literacy:** This grant can be a tool to help our community understand the benefits they are receiving and why.
- **Showcase accessible formats:** This grant is an opportunity to demonstrate how to make and present materials that equally resonate within a broad audience.
- **Remember our strengths:** With many of our community’s critical lifelines at risk, it’s easy to feel disempowered and overwhelmed. We need to reinvigorate our community, reminding them of past successes particularly during difficult times

and offering them meaningful ways to use their voice.

- **Participate in the national dialogue in meaningful ways:** It’s not enough to talk to the disability community about disability issues; we need to be part of the larger dialogue, especially with lawmakers. We want to provide resources and support to organizations and self-advocates to protect Social Security.

The result: stronger materials, unique project ideas, and broader outreach.

The cornerstone of our project is a YouTube video featuring a self-advocate who works for one of our partners.



Kira shared her story on YouTube and has garnered more than 3,700 hits.

In “A Social Security Lifeline: Kira’s Story,” Kira delivers a powerful message with honesty and integrity. With a part-time job and modest Social Security benefits, Kira still struggles to make ends meet and live with dignity in her community.

Her story has been viewed more than 3,700 times, shown to Congressional staff, shared with self-

advocates and family members and showcased at national conventions and state conferences. The positive response has been overwhelming.

Kira’s YouTube video was such a successful initiative, in fact, that our partners wanted video advocacy to become a more prominent tool for our community.

Funded by a partnering organization, we created a video advocacy workshop for self-advocates and organizations that work with them that addressed how to tell your story, use readily available technology and understand cyber safety.

Not a part of our original grant proposal, this project became a huge success with lasting benefits. Now, self-advocates who enjoy social media and others who may have barriers to meeting with lawmakers can tell their story in personal and powerful ways.

Finally, our advisory group helped hone material for conference presentations. Using an accessible format called “Prezi” instead of the typical text-heavy PowerPoint design, we have been able to educate a broad constituency

The Arc of North Carolina’s community partners include the following:

- Alliance of Disability Advocates
- Association of Self-Advocates of North Carolina
- Autism Society of North Carolina
- Disability Rights North Carolina
- Easter Seals/UCP of North Carolina
- Exceptional Children Assistance Center
- First in Families of North Carolina
- Life Plan Trust
- North Carolina Council on Developmental Disabilities
- North Carolina Office on Disability and Health
- National Youth Leadership Network
- Project STIR

about what Social Security is, how it’s funded, ways it can be strengthened and why telling your story is not just important but necessary to protect this lifeline.

For more information on the Arc of North Carolina’s Social Security materials for self-advocates and their families, as well as our community partnerships, go to [www.arcnc.org](http://www.arcnc.org). For additional information on Social Security and the disability community, go to [www.disabilityandsocialsecurity.org](http://www.disabilityandsocialsecurity.org).

Author LINK: Erika Hagensen is the assistant director of Policy of the Arc of NC. She can be reached at [ehagensen@arcnc.org](mailto:ehagensen@arcnc.org).

### What Members are Saying about the SRPN

“Thanks to the discounts we received from ANCOR Services Corporation’s SRPN partner, Medline, we were able to renew our ANCOR membership. In this time of economic crises and funding challenges, Medline has proven to be an effective partner in helping us realize savings.”

—Carol Lee, Executive Director  
Harry Meyering Center, Inc.

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# CDS Spotlight

## DirectConnect Blends CDS Into Its Unique Approach to Training DSPs

By Tom King

There is a unique initiative underway at the University of New Hampshire's Institute on Disability. Its name is "DirectConnect," and it was created to help identify and put into place sustainable best-practice models for the recruiting, training, educating and retaining of direct-care workers across four population sectors: aging, mental health, physical and developmental disabilities.

This statewide project has national implications and national funding in the form of a three-year, \$2.9 million grant from the U.S. Department of Labor. Many eyes will be examining and analyzing the results when the project ends in the spring of 2013.

### Aging and the Direct Support Workforce

Why New Hampshire? Five states are identified as having the fastest-growing aging populations—Maine, Vermont, West Virginia, New Hampshire and Florida—according to the U.S. Census Bureau. As the population ages, more and more people will need care and supports.



Scott Trudo

As Bill Tapp, the founder of the College of Direct Support (CDS) online curriculum says, "If we live long enough, we'll all have a disability of some kind and need someone to care and support each of us."

The initial wave of the Baby Boomer Generation born between 1946 and 1964 celebrated their 65th birthdays in 2011. During those 18 years, 77 million babies were born and that first wave is expected to live to be 83 years old.

By 2015, those aged 50 and older will represent 45% of the nation's population. It's going to require a huge number of caregivers and direct support staff to fill those roles.

### Getting Ahead of the Curve

According to PHI, the direct-care workforce in 2006 was more than 3 million strong, and the country will need an additional 1 million new positions by 2016. Today, New Hampshire has approximately 12,000 people receiving services under the state's Bureau of Developmental Services—and that number will grow.

New Hampshire decided to try and get ahead of the curve—or the wave, perhaps—and Direct-

Connect became a reality in March 2010.

The DirectCourse/College of Direct Support curriculum is a big part of DirectConnect, a partner in the project so to speak, in the recruiting, training and retaining of Direct Support Professionals (DSPs) to support those in New Hampshire with intellectual and developmental disabilities. That effort is led by Scott Trudo, DirectConnect project director.

"The Institute on Disability at the University of NH is pleased to work with the College of Direct Support and other quality training partners to help create a skilled, professional direct care workforce here in New Hampshire. The CDS has proven to be a highly accessible, quality training venue that is being widely adopted in NH community service agencies," said Susan Fox, co-director of the University of New Hampshire's Center on Aging and Community Living and clinical assistant professor at the Institute on Disability.

### A Unique Approach

In early 2011, DirectConnect began enrolling staff in the CDS training, and in less than a year, Trudo says they have approximately 275 staff working on CDS courses, with about 70% working to earn the credential certificate. They are adding about 15 to 20 learners per month. "We expect to have enrolled between 400 and 500 when the grant ends on March 1, 2013," he said.

DirectConnect's approach to using CDS is unique. The Institute on Disability decided to create a training process that integrates CDS's online training (an individual experience) with additional group and peer-to-peer activities.

"This blended model creates a learning environment that delivers positive outcomes by helping staff to retain more of what they have learned and apply the learning to the work they do every day with the people they support," Trudo explained.

### Remaining Sustainable

Today, there are 8–10 agencies in New Hampshire enrolling staff on a regular basis into the



Tom King

CDS credential program that Trudo created. And that number is growing.

A key part of Trudo's strategy to help this program succeed and remain sustainable after the grant ends was the creation of the CDS Workforce Advisory Group. The group is made up of leadership and management from agencies across the state that meet regularly to explore best approaches to implementing the CDS in a variety of settings.

Another aspect of the advisory group's work is to explore ways to ensure that the CDS initiative lives on once the grant funding ends. And no one knows exactly what will happen then.

"There is a lot at stake," Trudo says. "We want to help agencies continue the momentum that DirectConnect has started and, at the same time, explore future funding alternatives during very difficult financial times." ●

To learn more about DirectConnect, contact Scott Trudo at 603.228.2084 or via email at [Scott.Trudo@unh.edu](mailto:Scott.Trudo@unh.edu). Click here to access the project's website.

For more information about the College of Direct Support curriculum, call 888.526.8756 or email [directcourse@elsevier.com](mailto:directcourse@elsevier.com).

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



## College of Direct Support

# Federal Wage and Hour Guidance

## Contracts with the Federal Government Require Fringe Benefits as Well as Prevailing Wages

By Joni Fritz  
Labor Standards Specialist

A firm that contracts with the government to provide workers in long-term support facilities was cited by the U.S. Department of Labor for underpaying health and welfare fringe benefits in violation of the McNamara-O'Hare Services Contract Act (SCA).

The SCA requires contractors and subcontractors performing services on prime federal contracts in excess of \$2,500 to pay service employees in various classes no less than the wage rates and fringe benefits (including vacation, holidays, and health and welfare) found prevailing in the locality (including prospective increases) contained in a predecessor contractor's collective bargaining agreement.

The long-term management company in this case was ordered to pay health and welfare fringe benefits to 483 employees, resulting in a total of more than \$1.7 million due those employees.

"Contractors have an obligation to pay service

employees the proper fringe benefits for the work they perform," said Secretary of Labor Hilda L. Solis. "When they don't, the Labor Department will take the proper action to ensure workers receive the benefits to which they are entitled."

This management company contracted with the government of the District of Columbia to manage and operate a center to support people who are aging, including a certified nursing facility and a geriatric day program for up to 55 people. The District of Columbia is a federal entity.

ANCOR members that contract to provide workers at federal locations across the nation should confirm that their benefit programs meet current federal requirements. More information about the SCA is available through the DOL Wage and Hour Division's toll-free help line at 866.4US.WAGE (866.487.9243). Connecticut, Hawaii, Illinois, Maryland, Massachusetts, Minnesota, Missouri, Montana, Utah and Washington have signed similar agreements. ●



Joni Fritz

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 703.535.7850, ext. 104, or at [jsadowsky@ancor.org](mailto:jsadowsky@ancor.org).



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\$5.00	\$9.50	\$36.00	\$1,080	\$12,960
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\*Staff costs per hour do not include cost of taxes, benefits, training, etc.



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