

### Making a House a Home: California MENTOR

By Jenni Brennan

Adam is like most 24-year-old guys. He enjoys playing video games, watching movies and hanging out with his friends. He has a job and likes going to work every day. However, as an adult with a developmental disability, Adam's story is a little different.

For many adults like Adam, home is often a group setting with as many as five other people living with him. In some cases, it means sharing a bedroom. And because everyone in the home gets to have a say in what activities are planned and what meals are prepared, it also means that sometimes the little things, like going down the street for an iced coffee or to visit a friend, aren't possible without advance planning.

But with the help of California MENTOR's Family Home Agency, Adam now lives with a family of his choice and gets to have a real say in the direction of his life.

In California MENTOR's FHA program, individuals live in private family homes in the community with trained providers—called "mentors"—who deliver personalized services in their own homes where individuals can feel safe, supported and surrounded by the people and places they love.

Because this model is geared toward the needs of the individual, it is highly flexible and focused on personal choice for the mentor and the person receiving services.

Individuals who receive services in family

homes have varying degrees of disabilities, such as intellectual disabilities, autism, cerebral palsy and epilepsy or brain injury. Some of them require a high level of care, and others are more independent—able to hold jobs and participate in a variety of community activities.

Individuals are matched with mentors whose skills and lifestyle fit with the care needs of the individual. Adam joined Dawn and Jesse's household in July of 2010, which also includes Jesse's mother and their two dogs.

"It's like I'm an adult, but with a family; people care about me," Adam said. "I have my own bedroom, I get good food and Dawn and Jesse are awesome!"

Dawn and Jesse are equally excited about having Adam in their home. "He has shown improvement in so many ways," Dawn explained. "Adam is able to sit and have calm conversation now—when before, that was a challenge for him. He is able to slow down and think about his choices and decisions before he makes them."

Adam is very appreciative of everything his mentors do for him: "I enjoy spending time with Jesse and Dawn. They make me feel like a part of the family."

California MENTOR's FHA is the state's most experienced, providing shared living experiences for hundreds of adults with intellectual and developmental disabilities in neighborhood homes. California MENTOR believes "a home is more than a house—it's where we develop lasting relationships and share our lives with the people we call family." ●

**"It's like I'm an adult, but with a family; people care about me."  
 — Adam**

California MENTOR is a partner of The MENTOR Network, a national network of local human services providers with more than 30 years of experience providing quality services for people with intellectual and developmental disabilities.

You can make the dream of living in a family home become a reality for many more individuals with intellectual or developmental disabilities throughout California. For more information, visit [www.MentorsWanted.com](http://www.MentorsWanted.com).

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Adam has a family and a home thanks to California MENTOR's FHA program.

#### Inside this Issue of LINKS:

For more articles on **community living and engagement**, see pages 3-9 and 14-18.

Read about **managed care and capitated funding models** on pages 3 and 10.

**The College of Direct Support has evolved.** Find out what this means for you, page 19.

## The Community Imperative

By Renee Pietrangelo  
ANCOR CEO

I've been hearing about the community living imperative since my first days at ANCOR in 1999. In the 12 years since, we have made progress, and ANCOR has advanced its efforts and support in assuring communities of choice for people with disabilities.

More and more, we're seeing creative and productive collaborations across the United States that have created multiplier effects toward achieving fuller realization of community living, such as the efforts of the Department of Justice over the past several years and more and more states' employment first initiatives.

As leaders, we must continue to urge policymakers to direct resources toward filling the gaps. That effort should include:

- A commitment to invest in organizations that are foundational in providing knowledge and education and fostering incubators and innovation. Providers clearly fit in this category;
- Support of integrated solutions that direct resources to regional/local coalitions and



Renee Pietrangelo

public/private partnerships with coherent strategies; and

- Identification of and rewards for performance excellence and investment in the best ideas and innovations.

We're all part of a complex ecosystem that must be continuously enriched so that ideas can be quickly put to broader use and foundational organizations reinforced. Doing so is ultimately good for our communities—good for the economy and good for our society at large. ●

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*ANCOR would like to welcome its newest members:*

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## Contents

### Inside This Issue of LINKS

#### Community Living and Engagement

- 1 Making a House a Home
- 3 What Does Community Mean to You?
- 4 Restructuring a Community
- 6 Chimes Cultivates Community Integration
- 6 Community Living Design Option
- 7 On My Own Again
- 8 Connecting Dreams with Reality
- 9 Independence: A Reward Well Worth It
- 14 A Pathway to Independence
- 15 Supportive Housing Through Partnerships
- 17 SPIN: A Community Connector
- 18 DSPs Bring Communities Together

#### Columns

- 2 CEO Perspective
- 3 President's Corner
- 10 State Association View
- 11 Wage and Hour Guidance
- 13 Government Relations
- 18 NAC Central
- 19 CDS Spotlight

#### General

- 13 ANCOR Announces Exhibitors for 2012 Conference

## The Truth About Managed Care for People with I/DD

By Wendy Sokol  
ANCOR President

“Why abandon a belief  
Merely because it ceases to be true.  
Cling to it long enough, and not a doubt  
It will turn true again...  
Most of the change we think we see in life  
Is due to truths being in and out of favour.”  
—Robert Frost, *The Black Cottage*

The Medicaid program plays a prominent role in paying for long-term services and supports in the United States.

According to the October 2011 report from the Kaiser Commission on Medicaid and the Uninsured, *Examining Medicaid Managed Long-Term Service and Support Programs: Key Issues to Consider*, Medicaid accounts “for almost half of the spending in 2009, 48 percent of \$264 billion,” thus making Medicaid beneficiaries with disabilities a focus of state efforts to improve care and manage Medicaid spending more effectively.

Only a few states have implemented managed care that includes long-term services for people with intellectual and developmental disabilities (I/DD). What are the lessons we can learn from these states?

Arizona, Michigan, Wisconsin and Vermont use managed care models for individuals with I/DD. Each state has developed a distinctly different program design. However, there are some common themes and lessons we can learn.

All four states have transitioned, or are close to transitioning, out of the private or state ICF/ID “residential” model to Home and Community-Based Services (HCBS) waiver residential settings and to individuals’ homes and other supported living arrangements. They have also either substantially reduced their state institutional population or are in the process of doing so.

In Arizona, approximately 85% of persons served with I/DD either live in their own home, family home or a shared home not owned by a provider. In Michigan, the managed long-term care entity chose to transition from ICF/ID settings to waiver settings because it was cost-effective to do so. In Wisconsin, the state created an entitlement to HCBS and placed the counties at-risk for the higher ICF/ID expenditures.

Three of the four states—Arizona, Michigan and Wisconsin—made HCBS an entitlement. In Arizona and Michigan, an individual will qualify once they meet an institutional level of care. In Wisconsin, HCBS is an entitlement

once the Managed Care Organization (MCO) is fully implemented in a region or county. This has been reported to take up to three years.

In two of the four states—Michigan and Wisconsin—the traditional I/DD provider is the MCO. In Michigan, the state exclusively contracted with MCOs that were traditional providers. In Wisconsin, the state contracted with MCOs who included providers as part of the MCO.

There is no question that the Great Recession has resulted in increased interest among states in operating Medicaid managed long-term care services and support programs rather than paying for long-term services and supports on a fee-for-service basis. But is the cost-saving a reality or merely an example of “Frost’s truth” that is currently in favor?

Health Management Associate’s recent *Final Report: Pilot to Serve Persons with Intellectual and Developmental Disabilities* reported, “According to Arizona Medicaid, substantial cost savings have been achieved by the Arizona Long Term Care System even with the entitlement to HCBS.”

However, in a 2006 report by David Gabrowski, *The Cost-Effectiveness of Noninstitutional Long-Term Care Services: Review and Synthesis of the Most Recent Evidence*, he expresses concerns with the validity of the cost-savings estimates associated with managed long-term care as well as the “transferability” of savings from state to state.

He further states that there is no clear evidence that the cost savings from a managed care



Wendy Sokol

approach will outweigh the additional costs of administering and overseeing the model.

The limited experience of states using managed care models for people with I/DD is largely a reflection of the significant challenges to implement and maintain managed care for I/DD services. And though the jury is still out on the models’ cost-effectiveness, there are lessons we can learn from the handful of states who have successfully met the challenge of implementation.

An evaluation of their systems indicate that the adoption of a managed care approach has increased access to services, allowing for more flexibility in services offered and helping to “rebalance” the I/DD service system toward a greater use of home and community-based services. There is also clear evidence that the principles of managed care can be harnessed to improve services for people with I/DD. ●

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## Leader Spotlight: What Does Community Mean to You?



By Mercedes Witowsky

Community Access Unlimited Inc. includes the very word “community” in its name as community is at the core of why we exist.

At CAU we value each individual we support as a contributing member of society. Our commitment to that value is at the heart of each day’s supports to individuals with disabilities.

Community means people have the right and opportunity to live, work and enjoy the freedoms that exist for all. Community is an equal give and take. In order to be part of the community, one cannot just take, but must

contribute and give to the community. Each person has countless ways in which he/she can be part of their community.

There are people with disabilities who have been locked away in institutions for so long, that we must support them and assist them in playing “catch-up” on what they have missed by not being part of the community for years and even decades.

If each person is not valued as a contributing member of his/her community, then our work is not done. ●

Author LINK: Mercedes Witowsky is associate executive director at Community Access Unlimited in Elizabeth, New Jersey.

# Restructuring a Community

By Cliff Doescher

The Arc of Greater New Orleans (Arc of GNO) was founded in 1953 and, like many organizations of its time, has reflected the field of services and supports as it developed and changed throughout the years. That is, until August 29, 2005, when Hurricane Katrina struck the Gulf Coast and the levees surrounding the region failed. The destruction and devastation that followed is well known.

In many ways, this was a turning point for the Greater New Orleans region—and certainly for the Arc of GNO. Our return to the city was slow and gradual, and with us came an opportunity to begin anew.

We were inspired by new values and local and national trends—most notably, a sense of community involvement and volunteerism and a focus on being “green” and healthy. With this in mind, we began our process of change—sometimes by choice and sometimes by necessity. This process continues to lead our direction and foster our progression.

## Restructuring Work

One of the first things that became apparent was the availability of community jobs for the people that we support. Although many people had difficulty in returning home, those who did were soon viewed as a valued workforce.

Partly because of this, a decision was reached to discontinue sheltered employment services and the payment of sub-minimum wages in place of community jobs and competitive pay. As more stability returned to the area, we began to redevelop and expand our various social enterprises, providing additional community-focused and integrated employment options.

Today, we employ 103 “crewmembers” in our six businesses, each earning federal minimum wage or greater. We also currently support 40 individuals in competitive community jobs.

One of our most successful conversions is “Mardi Gras Recycling.” Workers collect Mardi Gras beads and other “throws” and—with an abundance of volunteers—sort and resell tens of thousands of

pounds of beads each year. Employees earn federal minimum wage and keep plastics out of landfills, as they work side-by-side with others from their community. The results are immeasurable.

## Restructuring Activities

Although work is an important part of our lives, there is obviously more. Following Hurricane Katrina, it became apparent that there were extremely limited opportunities for people with disabilities to navigate the city and become involved in social and recreational outlets. We felt an obligation to help—and so the “Krewe of Arc” was born.

For those readers not familiar with Mardi Gras, a krewe is a social club focused on Carnival activities. The Krewe of Arc is a self-directed group with about 50 current members who, once or twice a month, engage in social activities (shopping trips, dining, crawfish boils or barbecues, movie nights, parties, and so forth), much like any other social club.

Officers are elected by the membership, and at monthly meetings, they plan activities with the assistance of a staff “advisor.” A small membership fee helps to cover expenses—and there is the occasional fundraiser—but the bulk of funds come from the conversion of a former large, one-time-per-year packaging contract to a volunteer project for the club. Members continue to complete the work, but understand that it is now a volunteer club function (similar to a bake sale, car wash, and so forth) and that all funds received now go to the club to support their activities.

## Restructuring Health

In addition to community volunteerism, a series of activities has been established from which those who are not regularly employed can choose to participate. The trend toward health and fitness drives the selection of opportunities, which now includes walking and bicycle clubs, water aerobics, general aerobics, recreational gardening, healthy cooking, canoeing and other sports.

All activities are community-based at local parks, YMCAs and other recreational facilities and involve other community partners and members. “Biggest Loser” contests and an annual health fair round out the options.

## Restructuring Life

While Arc of GNO does not own or operate group homes, we do offer supported living services, as well as individual and family supports provided by Direct Support Professionals. Each of these also provides a variety of services that encourage and support community participation and involvement. Individuality and attention to the environment in which supports are given are more important than ever.

Hurricane Katrina resulted in a shortage of professional staff and forced many residents to

focus on the more pressing needs of housing and employment. Many typical community mainstays such as churches, schools, sporting venues, theatres, social clubs, libraries, and so forth remained closed long afterwards.

Now, as the city and surrounding areas continue to rebuild, the availability of affordable community activities also continue to expand. Since much of the New Orleans’ economy is hospitality and tourism-based, many things have been revitalized and even expanded to accommodate visitors. The result is a wealth of activities that are affordable and accessible to those that we support, such as parades—Mardi Gras, St. Patrick’s Day and numerous others throughout the year. Music, festivals and other free or inexpensive events are also commonplace.

In addition to those activities noted above, people are now active in community fitness clubs, drama clubs, choirs, yoga classes and—not surprisingly—in a wide variety of volunteer activities, perhaps a result of all the good that was given to the entire community following Hurricane Katrina. ●

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*The Arc of GNO supports employment through several of its business ventures, including vending services.*



*The Arc of GNO supports health and wellness through its bicycle clubs.*

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## Chimes Cultivates Community Integration

By Matt Hombach

Baltimore-based Chimes International, Ltd. supports more than 17,000 people with developmental disabilities, mental illness and other specialized needs throughout six states and Israel. Chimes' ultimate goal is simple: to provide the people they serve with the opportunity to live their lives to their fullest potential. For some, that means taking part in residential and day programs, for others it means educational and vocational training and even job placement.

Community integration is a lynchpin of Chimes' philosophy of care, and nothing illustrates it better than the stories of the people it serves.

### Out and About

For Phillip, a person served by Chimes, community living has made a dramatic difference in his quality of life. Phillip came to Chimes a year ago from a nursing home/rehabilitation center where he lived for the better part of two decades after his foster family could no longer manage his care.

Phillip needs to use a feeding tube and requires a wheelchair for mobility, and while the rehabilitation setting provided him with the medical care he needed, community integration was lacking. Most of Phillip's time was spent in his room with limited interaction with other residents and virtually no outside activities.

Last spring, Chimes found a place for Phillip in one of its residential programs in Baltimore, and his transition has been both smooth and stimulating. He lives with three housemates in a single-family home on a cul-de-sac and is now thriving in his new environment, according to Tahlia Swann, division manager at Chimes, who oversees Phillips' supports.

"Our goal is to give the people we care for as normal a life as possible," said Swann. "Phillip now gets the chance to mingle with his housemates, but also takes part in activities outside the residence, including regular trips to the park, day trips to the Baltimore Zoo or the Inner Harbor and aquarium."

Phillip relishes the opportunity to interact in a community setting. Even though Phillip cannot communicate verbally, he grins from ear to ear when he knows he has the chance to interact with other people or the community at large, be it an afternoon of bowling, attending one of Chimes' regular holiday parties or simply playing video games with his housemates.

"Just the thought of taking part in community activities excites Phillip," adds Swann. "His facial expressions say it all."

### The Check Is in the Mail

Tim, another person served by Chimes, has found his niche in the mail operations department of the Principal Financial Group. For more than two decades, Tim has been a valued member of the team as a mail clerk and assistant for mail operations at the investment bank's Delaware office.

Working with a team of other employees, Tim does quality assurance work, examining incoming checks and statements. He also helps open and sort mail, handle large outgoing mail projects and coordinates delivery of mail and packages throughout the facility.

Tim has been recognized for his hard work on numerous occasions, winning several "Employee of the Month" awards and special "Hats Off" awards from Principal. He was also the recipient of an award from the Governor's Committee for People with Disabilities for New Castle County.

As much as Tim benefits from regular interaction with his coworkers, he has an active life outside of his job. He lives independently at home with his father and strives to be an active community citizen, riding the bus to and from his job and taking part in his favorite activity: swimming. He also enjoys listening to classic rock from the '70s.

Keens Warren, Tim's job coach, says that Tim continues to grow in his role with Principal Financial, learning new skills and recently attaining the position of team leader. "On top of that, Tim has a great positive attitude and always has a smile and a greeting for his coworkers," he said.

Tim's supervisor at Principal, Andy Baker added, "Tim is always eager to work, anxious to try new projects and is a devoted Principal employee."

### Building a "True Community"

"Phillip's and Tim's stories personify Chimes longstanding commitment to integrating the people we serve in a community setting," said Martin Lampner, president and CEO of Chimes International.

"We were at the leading edge of this trend when, in 1971, Chimes took the first people to leave Rosewood, a state developmental center in Maryland. Thirty-nine years later, in 2009, we were still assisting people to make their way to the community taking some of the very last people to leave as Rosewood closed," Lampner continued. "Our goal is to place individuals in a setting where they can thrive as part of something bigger than themselves—a true community." ●

*Author LINK: Matt Hombach is a media relations and marketing consultant for Chimes International. For more information on Chimes International and its programs, visit [www.chimes.org](http://www.chimes.org).*

## Community Living Design Options That Work

Buying furniture can be stressful not just because of the abundance of choices, but also because the results of the buying decision will be prominently on display for all to see. There is also great reward in buying the "right" furniture that is functional, durable and inviting. Choosing styles that create a feeling of home can foster independence, dignity and well-being for people supported.

Perhaps best of all, furniture from a contract provider like Furniture Concepts is built to standards that not only hold up to heavy use environments, but are also designed to address the unique needs of people with disabilities.

Furniture Concepts has partnered with the healthcare industry's brightest (and most demanding) minds to create a best-in-class line-up specifically designed to promote inde-

pendence for people with disabilities and ease DSP stress.

Here are some of Furniture Concepts' most popular features:

- Fluid-resistant fabrics;
- Seating pieces designed with removable seat decks;
- Sealed furniture frames; and
- Fluid-proof mattresses. ●

*As a proud partner of ANCOR's SRPN, Furniture Concepts has had the privilege of working with many members' facilities. Its dedication to world-class service and exceptional products has made it the go-to furniture provider. To learn more about Furniture Concepts, click [here](#).*

*Also, check out Furniture Concepts' booth at ANCOR's 2012 Annual Conference.*

## On My Own Again: How New Avenues Helps Individuals Transition into the Community

Bob spent two years in a nursing facility after a winter tragedy in the snow resulted in the amputation of his toes and part of his feet.

At the time of his discharge from the facility, Bob was in need of help with all aspects of transitioning back into the community. He applied for the HOME Choice program and chose New Avenues to guide him with his transitional needs.

Sharon Schultz, transition coordinator, helped him find suitable housing; made sure that all his furnishings were in place with the cupboard stocked with food; and assisted with establishing community medical services.

In collaboration with the Ohio Department of Job and Family Services, New Avenues to Independence Inc. provides HOME Choice services to persons of any age with disabilities who wish to move from long-term facility settings to home and community settings.

The HOME Choice Program represents the fundamental need for independence that we all strive for. In 2011, it started with a vision of returning to the community to live for 70 people referred to New Avenues for transition coordination services, thus the journey begins.



*When Bob needed help transitioning back into the community, New Avenues was there.*

Through the program, New Avenues supports the right of people to choose where they live and receive services; transitions people who want to live in the community; and implements a system that ensures person-centered and quality services in a home setting throughout Northeast Ohio.

To participate, a person can be of any age, must have lived in a facility setting for at least 90 days, be eligible for Medicaid and have certain care needs.

HOME Choice provides participants with greater choice and control over the services they receive in their preferred setting and

**“Without the tremendous help of the HOME Choice Program and New Avenues, I could have never made it. It is hard to believe I am on my own again.”**

**— Bob**

assistance to help them move back into the community.

Some areas of assistance include locating housing, setting up a household and connecting to services and goods necessary to living in the community such as health care, pharmaceutical and personal assistance.

The program is unique in its focus on individualized outcomes, and the final step of participants embarking on the threshold of moving into their new home is astonishing.

“Without the tremendous help of the HOME Choice Program and New Avenues, I could have never made it,” Bob recently shared. “It is hard to believe I am on my own again—a worthy program to say the least.” ●



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## The NEXUS: Connecting Dreams with Reality

By Chris Clark

A graduate of Tierra del Sol Foundation's NEXUS program, Victor Rodriguez is having an exciting year.

As Rodriguez completes an internship at a Van Nuys, California, courthouse, he looks forward to a new position: joining the staff of the non-profit National Health Foundation in downtown Los Angeles. In this role, Rodriguez will earn a salary and enjoy full benefits, including health insurance and an employer-contributed 401k.

Based in Sunland, California, Tierra has been serving individuals with disabilities for more than 40 years. NEXUS, a post-secondary education program, is one of Tierra's 11 acclaimed programs that have helped the Foundation earn an exemplary accreditation from CARF, the Rehabilitation Accreditation Commission.

NEXUS is designed to help young adults with disabilities realize their dreams to attend college and then transition successfully from school to career. Currently, the program serves students between the ages of 18 and 25 who are eligible for Regional Center Services.

Regional Center's funding enables students accepted into the program to receive coaching support and case-management services. NEXUS has partnerships with many community colleges and other post-secondary schools in the Los Angeles area, and program participants are able to enroll in courses at any of the partner schools.

Nearly 100 individuals at Tierra participate in NEXUS. In addition to course work, program participants engage in service learning and community-travel training to help prepare them for adult life.

Because NEXUS is a transition program, students participate for a limited time, typically two to three years, depending on the individual's educational and career goals.

For example, some students complete child-development certificates. Others focus on improving English and typing skills, earning an Associate of Arts (AA) degree or transferring to a four-year university. The program has three phases:

1. Discovery Phase
2. Educational Phase
3. Practicum Phase

The Discovery Phase is a 30-day period of assessment and exploration that culminates in the development of the student's goals via Tierra's acclaimed PATH planning process. The end of this phase is marked by the Discovery Celebration, a time to recognize each new student.

After the Discovery Phase, students enter the program's Educational Phase. The length of time a student spends in this segment depends on his or her educational goals and ability to pass college-level courses.

The final period is the Practicum Phase, during which NEXUS students assume internships and focus on sharpening their vocational skills. The Practicum Phase spans a full year, with four 13-week rotations that allow interns to learn and enhance a range of skills.

During the last six months of the Practicum Phase, Tierra staff members work closely with NEXUS participants to help them secure employment. Through Tierra's Employment Services, participants find positions either through the Community Integration Program (group employment for those needing day-to-day support to be successful) or through supported employment (individualized employment for those who need less support).

**"The work our staff is able to do at Tierra has completely changed the landscape for individuals with disabilities. Through our NEXUS program, people are now attending local community colleges. They're out working and earning a living everywhere in our community."**

— Steve Miller

NEXUS is known for its participants' success. In 2011, NEXUS participants had an aggregate grade-point average of 3.26.

Like Rodriguez, many individuals have enjoyed great opportunities in their communities after completing the program.

For instance, the first NEXUS graduate, Jonathan Else, is a full-time employee of Alternative Home Care. Lihi Danon has earned four different Child Development certificates and her AA in liberal studies. Thanks to her achievements, Danon has garnered an internship with the Child Development Institute. Ingrid Saravia, Scarlett Martinez and Laura Perez have also completed Child Development certificates and accepted internships with CDI.

"The work our staff is able to do at Tierra has



*Victor Rodriguez is a shining example of the NEXUS program's success.*

completely changed the landscape for individuals with disabilities," says Steve Miller, Tierra's executive director. "Through our NEXUS program, people are now attending local community colleges. They're out working and earning a living everywhere in our community."

Miller, a well-known advocate for those with disabilities who has served at Tierra's helm for 22 years, views the success of NEXUS as a harbinger of much more to come. "We know what kind of a future is possible for the people we serve," Miller noted. "Through NEXUS and Tierra's other important programs, we will continue to help our participants achieve that future." ●

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## Independence: A Reward Well Worth It

By Julie Owen

Heritage Christian Services Inc. (HCS) is a thriving not-for-profit organization in upstate New York, serving more than 1,600 individuals with intellectual and developmental disabilities.

Our mission is “to provide a living and working environment that reflects the love of Christ in action; support and respect for each individual’s gifts, strengths and needs; opportunity to mature, to learn and to grow; a life of dignity worth and expression to which all are entitled as God’s created children. This is their rightful heritage.”

HCS has provided traditional residential services in certified settings since its inception more than 25 years ago, and in order to best meet the needs of the individuals we support, our services have grown and diversified—but have always incorporated the mission and values that the agency holds dear.

In April of 2011, HCS launched a new service: Customized Residential Options. CROs offer an alternative for individuals who are interested in greater choice, independence and flexibility

in their home life. This service was created based on direct feedback from individuals living in our 24-hour certified settings who craved a life with greater independence and less reliance on paid staff for their supports and services.

For this program, we worked hand-in-hand to develop a customized home that took into account the following:

- **The community in which the individual desired to live:** Could family, friends or coworkers who lived in close proximity be a support?
- **The ability to use public transportation in order to access activities and events important to the individual:** Was it important to have access to a vehicle and reliable staff to provide transportation?
- **The financial realities of living with a greater level of independence:** How could we maximize resources to secure the type of home setting the individual desired in a community where they could live safely and comfortably?
- **Health and safety considerations:** Without staff present, were individuals safe? Were family members or staff supports needed to navigate through unforeseen medical/

physical challenges?

- **Community resources:** What resources would be available in the community in which the individual chooses to live? Was there a church community important for the individual to remain connected to? Were there a variety of recreational and social opportunities in close proximity?
- **The type of living situation:** Did the individuals want to live alone or live with others? Did they prefer to rent or own their own home? How would maintenance and upkeep be provided?

With careful person-centered planning and discussion, each of the individuals who have chosen to pursue a CRO has experienced success beyond everyone’s initial expectations.

With greater control and choice in determining the path that makes the most sense for them, there is a greater level of pride and ownership. Although there is a greater level of risk, the reward is well worth it. ●

*Author LINK: Julie Owen is director of customized supports and services at Heritage Christian Services. She can be reached at [jowen@heritagechristianservices.org](mailto:jowen@heritagechristianservices.org).*

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## Increase Engagement with State Officials on Capitated Funding Strategies

*Without It, There May Not Be Community Living*

By Diane McComb  
ANCOR Liaison to State Associations

Following ANCOR's 2011 Leadership Summit: *Navigating Managed Care and Other Funding Strategies* in the fall, a checklist was developed to guide members in dialogue with their respective states when capitated funding systems were under consideration. This document is now in wide circulation.

A majority of states are now on record in support of capitation strategies to reign in spiraling Medicaid budgets. The ANCOR checklist promotes a proactive approach to assure states include key principles as capitated payment systems evolved in their respective states.

People with disabilities, especially those with intellectual and developmental disabilities (I/DD), were traditionally carved out of such efforts, but no more. They are now being included in state proposals as states look to integrate care and take advantage of opportunities under the Affordable Care Act.

These cost-containment efforts include people with disabilities, people who are aging and individuals with the "dual eligibility" status of Medicare and Medicaid. States are increasingly attempting to integrate services for physical health, behavioral health and developmental disability long-term services and supports.

Individuals with disabilities should receive LTSS that improve quality of life and produce valued outcomes. The principles are straightforward and should be helpful in understanding whether or not LTSS proposals have the potential to benefit or harm people with disabilities. The absence of clearly articulated contract requirements should be a huge red flag to stakeholders.

With the new Centers for Medicare & Medicaid Services requirements calling for transparency, stakeholder engagement should be a given. There should be multiple opportunities for input throughout the process including waiver development, drafting contract specifications, evaluation and oversight.

There should be a clearly articulated mission and vision, as well as a delineation of the intended goals for the LTSS system from the perspective of people with disabilities, their

families and the providers supporting them. These should entail a no-wrong-door solution that eliminates the silos within government and the full recognition of the value and dignity of individuals with disabilities and their families, with assurance they will be treated respect. Guiding principles should be identified to include such things as a commitment to an independent-living and recovery approach and not solely a medical model. At the same time, there should be medical oversight that improves medical outcomes for people with disabilities over the current systems in place, including dental and other preventive care.

The system should also be guided by the development of an array of individually tailored services and supports, including a key role for assistive and environmental technologies and benefits counseling, rather than a "continuum of care" of "beds and slots."

Funding should flow based on person-centered planning and not by facilities' needs and should reward self-directed supports, which accommodate individual budgets. Assessment

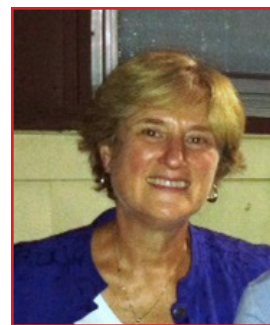
and rate setting methodology should employ a uniform assessment tool, provided by an entity independent of the provider or the managed care organization (MCO) to assure equity and to define levels of support.

Five to seven risk adjusters (capitated

rates) should be articulated along with geographic differentials within the state based upon elements such as wages, fringe benefits, housing and transportation. There should also be financial incentives that motivate valued outcomes, as well as the flexibility to reassess an individual's needs as life circumstances change.

Finally, rate setting methodology should be built upon at least two to three years of Medicaid (and, as appropriate, Medicare) claims data, including acute, behavioral health and LTSS claims. Capitation will not work if the sole purpose is to reduce Medicaid spending.

This last point is particularly sticky since there is virtually no actuarial data for LTSS for people with I/DD. Initial rates should at least be equal to existing rates based on cost studies to begin the work of establishing verifiable actuarial data.



Diane McComb

Virtually no current contract or state RFP articulates performance measures for non-clinical outcomes for LTSS. These must not be an afterthought as managed care companies will focus their spending on the areas to which states will hold them accountable. These must be explicitly stated in RFP specifications and contract language.

In addition to traditional medical and behavioral health outcomes found in HEDIS and other tools, non-clinical outcomes should include employment and/or meaningful day activity, housing, transportation and the development and nurturing of meaningful unpaid social networks.

Most state Medicaid divisions will need to harness the cultures of multiple arenas if they are to truly achieve a fully integrated system of care that includes LTSS. These include addressing outcomes in the context of I/DD values of independence, productivity, integration, inclusion and self-direction, as well as recovery and resilience as defined by the Substance Abuse & Mental Health Services Administration.

They should also incorporate the concepts of equality of opportunity, independent living, economic self-sufficiency and full participation as defined in the Americans with Disabilities Act and the Olmstead Supreme Court decision.

Focusing on these aspects, states will acquire the ability to set meaningful quality benchmarks, gather data and identify accountability for continuous quality improvement for non-clinical outcomes. States must also specify external third-party quality reviews for primary, acute and LTSS; the frequency of those reviews; and how their findings will be used to hold MCOs accountable.

Accompanying state capitation efforts, there should be a parallel effort by the state, reducing

**Virtually no current contract or state RFP articulates performance measures for non-clinical outcomes for LTSS. These must not be an afterthought as managed care companies will focus their spending on the areas to which states will hold them accountable.**

Continued on next page

## Overtime and Employees Who Work Multiple Jobs

By Joni Fritz  
Labor Standards Specialist



Joni Fritz

Continued from previous page.

regulation and process-burden for providers that should align with the performance measures identified in the RFP as the accountability standard for all intersecting stakeholders, not just the MCOs.

Regulations should focus on meaningful performance outcomes, allowing providers to be creative with the process by which they are achieved. At the same time, basic safeguards of safety, civil rights, choice, informed decision making and dignity of risk must be maintained.

Finally, there must be a transparent grievance and appeals process for individuals and families as well as providers with the MCO and with the state.

Financial risk should be defined and ideally shared between states and MCOs. Contracts should define what portion of the risk, if any, will be shared with the provider network. There should be a clear delineation of reserve levels to be maintained by the MCO, as well as minimum loss ratios, stop loss factors, and shared savings including a limit on the percentage of revenue that can be used for administration and profit in for-profit entities.

Those states currently using capitated systems for LTSS for people with I/DD all have taken multiple years to phase-in their systems. All are using nonprofit or quasi-governmental entities such as community boards, rather than for-profit MCOs. State associations are engaged in dialogue around the country and can benefit from the ANCOR checklist as a guide to those conversations.

The full checklist referenced in this article was developed with input from ANCOR members and facilitated by Allan I. Bergman. It can be accessed on ANCOR Connected Community [here](#). ●

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

### Did You Know...?

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A recent call from a provider reminded me about one of the most common violations of federal wage and hour rules: Employees who work at one or more jobs for a single employer must receive overtime when they work for more than 40 hours within a workweek (a regularly occurring period of 7 consecutive 24-hour periods).

This applies even to employees of large agencies that have separately incorporated units, such as a residential agency, a day agency and a transportation agency that are interrelated and probably have overlapping boards and/or a single CEO. All hours worked among the three agencies must be counted toward overtime.

Thus, an employee who drives a bus in the morning for the transportation agency and works at a group living arrangement in the afternoon and evening for the residential agency must be paid overtime when he or she works a total of more than 40 hours in both jobs combined.

### Computing Overtime

When the hourly rates of pay differ for these two jobs—both of which are paid out at least the minimum wage—a blended rate must usually be computed to determine the overtime rate of pay each workweek. For example, an employee who works for 30 hours at one job for \$10 per hour and 20 hours in the other job at \$8 per hour for one workweek would receive a base hourly wage of \$460 (30 hours at \$10/hour + 20 hours at \$8/hour) for all 50 hours worked.

When this \$460 is divided by 50—the total number of hours worked—you get an average hourly rate of pay of \$9.20 in this workweek. The \$9.20 is divided by 2 to get the half-time overtime premium of \$4.60 per hour.

This \$4.60 is multiplied by 10 (the number of hours of overtime worked in this workweek) to find the total half-time overtime premium due of \$46. The \$46 is then added to the \$460 hourly rate of pay for all 50 hours worked to obtain the gross wage of \$506 due to the employee in the workweek used for this example.

### Extra Pay When One Job Is in an Exempt Position

Employees who are paid a guaranteed salary and are otherwise exempt from minimum wage and overtime provisions as bona fide executive,

administrative or professional employees—as defined in 29 Code of Federal Regulations Part 541—need not be paid any premium pay for hours worked over 40 in a workweek.

In addition, rules published in 2004 specify in §541.604 that “an employer may provide an exempt employee with additional compensation without losing the exemption or violating the salary basis requirement.” This section of the rules goes on to say that such additional compensation may be computed on an hourly, a daily or a shift basis. (See also *ANCOR Wage & Hour Handbook*, page 44.)

Thus, if a *bona fide* exempt employee works several extra hours in a non-exempt position in a workweek—for example, as a direct support employee in a group living arrangement—he or she could be paid an additional amount for that work.

If the employee was director of residential supports and filling a shift unexpectedly when no other employee was available, he would not have to be paid overtime if the work covering the shift was considered part of the exempt position’s responsibility.

Employers must be certain that all non-exempt employees receive overtime pay when they work more than 40 hours in a workweek. ●

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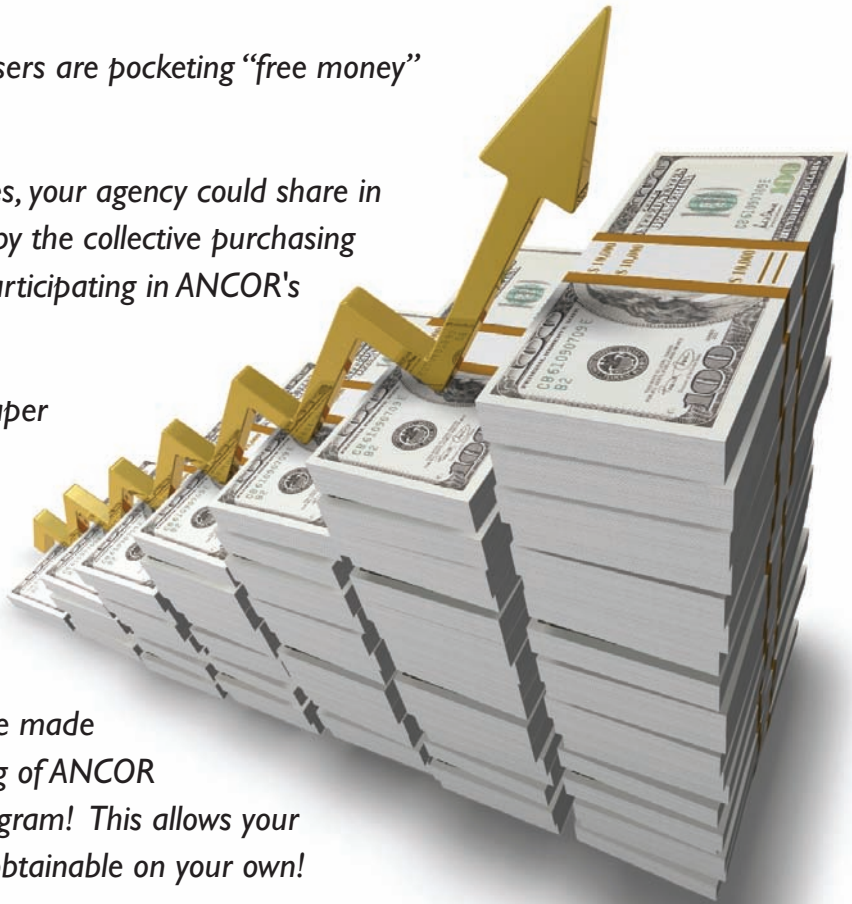
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Inquiries can also be directed to Marsha Patrick, ANCOR's Director of Resource and Revenue Development at [mpatrick@ancor.org](mailto:mpatrick@ancor.org).



## GR Priorities Approved by Board of Directors

In early January, ANCOR government relations (GR) volunteers met to hear from the Centers for Medicare & Medicaid Services and ANCOR staff and to discuss public policy priorities for 2012 and 2013.

Recommendations from this in-person meeting were further discussed with volunteers, ANCOR board members and among ANCOR staff and then presented to and approved by the ANCOR Board of Directors on February 15.

ANCOR must work to assure the vitality, sustainability and growth of the private provider support system. To achieve this, every component of ANCOR is sharply focused on two mega issues that move the association toward achieving its audacious goal and support its strategic objectives, which were approved by the Board of Directors last year. The mega issue that rests on GR is the assurance and expansion of federal financing and funding of long-term supports and services.

Under this umbrella, GR intends to address several areas of importance for ANCOR members:

- **Integrated financing and service delivery;**
- **Medicaid and Medicaid reform positioning; and**
- **Litigation.**

ANCOR must fight against federal Medicaid cuts and fight for the sustainability and expansion of long-term supports and services, particularly home and community-based services.

While ANCOR is aware that other issues are important, such as employment of individuals with disabilities and affordable accessible housing, the threats to funding and sustaining the very provision of supports and services will remain ANCOR's focus.

ANCOR's GR priorities and activities will support members' interests in Washington, giving members the tools to influence and inform elected officials about the programs (especially Medicaid) vital to ensuring the availability and

expansion of long-term supports and services. By focusing on the priorities listed, GR supports ANCOR's strategic objectives, the audacious goal and the mega issues.

### ANCOR must fight against federal Medicaid cuts and fight for the sustainability and expansion of long-term supports and services, particularly home and community-based services.

In addition, ANCOR is taking 2012 to position the organization at the forefront of Medicaid reform discussions likely to take place post 2012 elections and in 2013. Providers must be at the table in Washington, D.C.—and in states—when legislative and regulatory changes and opportunities for expanding the avail-

ability of long-term supports and services are discussed.

A transparent and open process must be in place at all levels of discussion so that providers—with the individuals they support and their families and Direct Support Professionals—have a voice in the supports and services necessary to ensure fully inclusive lives. ●



### What Members are Saying about the SRPN

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

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

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## ANCOR Announces Exhibitors for 2012 Conference

ANCOR is pleased to announce the exhibitors listed below will be displaying at the ANCOR 2012 Conference: *Leading Cultures of Innovation and Advocacy*, May 6–8, at the L'Enfant Plaza Hotel in Washington, DC.

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

### 2012 ANCOR Conference Exhibitors

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*Acumen Fiscal Agent*  
*Aflac 4 ANCOR (SRPN)*  
*American HealthCare Capital, Inc.*  
*ANCOR Foundation*  
*APSE (Industry Partner)*  
*Bethesda Institute*  
*CARF International (Industry Partner)*  
*CCG/Sprint (SRPN)*  
*Cerner Extended Care*  
*Chem RX Pharmacy*  
*CQL/The Council on Quality and Leadership (Industry Partner)*  
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*First Nonprofit Companies*

*Foothold Technology*  
*Furniture Concepts (SRPN)*  
*HealthCare Pharmaceuticals Inc.*  
*Irwin Siegel Agency Inc.*  
*Life Enrichment Trust*  
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*Medline Healthcare (Gold Partner and SRPN)*  
*Merrill Lynch Special Needs Group*  
*MetLife Center for Special Needs Planning*  
*MITC*  
*National Alliance for Direct Support Professionals (Industry Partner)*  
*National Datacare Corporation*  
*Pharmacy Alternatives*  
*Philadelphia Insurance Companies (SRPN)*  
*Practical Health Systems, Inc.*  
*Provider Search LLC (SRPN)*  
*Rest Assured (Gold Partner)*  
*Rocky Mountain Sunscreen*  
*Shared Resources Purchasing Network*  
*Scioto (Gold Partner)*  
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*SteadyCare*  
*Therap*

For any questions, please contact Marsha Patrick, ANCOR's Development Director at [mpatrick@ancor.org](mailto:mpatrick@ancor.org).

## A Pathway to Independence

By Eric Latham and Nadith Schuster

As we near the end of another school year, a group of Pathway students—along with thousands of other University of California, Los Angeles (UCLA) students—are preparing for the annual spring college ritual: graduation.

For too long this rite of passage was not a tangible goal for students with intellectual and developmental disabilities. Pathway at UCLA Extension now makes higher education a reality for these young men and women.

In the fall of 2007, the first group of Pathway students started on this road to inclusion, and we have continued to make great strides each year. Pathway's approach to post-secondary education—combining academics, independent living and career exploration in an integrated environment—encourages exploring one's strengths and interests, leading to increased independence, community involvement and employment. Students fully immerse themselves in the UCLA campus, as well as surrounding areas, having a complete college experience.

While UCLA provides residential and career support to many students, Pathway students often require specialized support to meet their unique needs. Whereas most college students learn life and work skills along the way during their academic career, the type of specialized and structured support our students require is outside the traditional academic mission of the university.

### Partnering for Success

For the university to provide those services would put the cost of an already expensive program out of reach of many—not to mention the effort required to wind through the bureaucratic approval processes.

In order for the program—and our students—to be successful, we needed to find collaborative partners outside of the university system. The clear choice was the knowledge and expertise of the local provider community already successfully providing these services.

As a result, Pathway has formed very fruitful partnerships with two Southern California provider agencies: Creative Support and PathPoint.

### Learning Life Skills

While Pathway students take a variety of classes designed to strengthen knowledge in areas such as budgeting, time management, health and nutrition and relationships, we realize that these skills cannot be learned by simply talking about them in class; they need to be put into action in order to truly master them. This is where Creative Support comes in.

Creative Support, based in Huntington Beach, California, helps students take what they have learned in class and put it to practical use in a real-life setting. This hands-on learning takes place in the students' apartment, as well as the surrounding neighborhoods, and includes developing such skills as cooking, cleaning, establishing apartment ground rules, creating chore lists, planning social events, establishing and nurturing friendships, budgeting and paying bills, learning emergency procedures, doing laundry and making and keeping medical appointments.

All of these skills not only apply to a successful transition into independent living, but the time management and social attributes are beneficial in academic and career pursuits.

### Becoming a Better Employee

By the time the students graduate, many choose to strengthen their employability skills by participating in an additional internship program. In 2010, Pathway partnered with PathPoint, a multi-service agency based in Santa Barbara to develop a Project Search internship program at the Ronald Reagan Medical Center on the UCLA campus.

This year-long internship is designed to give students an opportunity to work in multiple departments within the hospital. PathPoint job coaches work with the students each day ensuring they understand and master the tasks at hand, and students work alongside other UCLA professionals and interact with patients



Pathway at UCLA students learn to live independently and participate in internships to prepare for life after graduation.

while learning proper workplace behavior and communication.

This partnership has proven successful thus far, and of the 17 internship graduates, four have been hired directly by the hospital.

What is unique about these two partnerships is that they started as pure collaborations, with no formal contractual arrangements between us. Yes, each provider was receiving funding from outside entities, but there was no exchange between us.

A challenge with these relationships is that while our mutual goals were to provide the best service to the students, different funders often have different requirements. The “how” of our relationships could be a subject of an entire article, but we can attribute our success to three key factors: communication, communication and more communication.

Make no mistake, it is challenging—and as with all relationships there are ups and downs—but through these collaborations, each entity is able to accomplish much more than we each could alone. ●

*Author LINK: Eric Latham is the executive director and Nadith Schuster is the Vocational Services Coordinator of Pathway at UCLA Extension. The program is the recipient of the 2011 ANCOR Foundation Community Builder Award. For more information about Pathway, visit our website.*

## Supportive Housing Through Partnerships

By Mary Bea Eaton

With the recent acceleration of deinstitutionalization in many states, providers have important and exciting challenges before them. Challenges include staffing, regulation, rate and capital issues. Some of these challenges relate to education—both to the individuals and their families or support systems, as well as to the community at large.

For people with disabilities to be fully accepted into their new communities and without having to endure discrimination, it will take our industry some patience and ingenuity to educate people (based on the supposition that such discrimination is based solely on ignorance of the “unknown”).

A critical component to successful execution of these downsizing efforts is to obtain community-based living environments that will meet the varying and specific needs of the occupants. This is where Scioto comes in.

Scioto supports care providers across the country helping individuals to leave the institutional setting and “age in place” in a home specifically chosen for their particular needs. Scioto has

been successful in working with providers to reduce their staff time in finding and obtaining homes, doing all of the “leg work.” This gives the providers more time to deal with the various challenges of expanding services so they can better serve the individuals in these homes.

Further, Scioto makes necessary modifications to homes to accommodate the needs of various disabilities. Many of the needs of individuals exiting the larger institutions may be great in terms of medical, behavioral or physical issues; therefore, Scioto utilizes new and innovative “smart” technology services and resources to ensure the best care possible.

Scioto also has the available funds to close on any property in 30 to 60 days, including dynamic and universally-designed floor plans available for new builds.

Providers that partner with Scioto typically find themselves in a more favorable financial position, enabling them to be more successful and better able to fulfill their mission.

For example, Scioto purchased a number of

homes from one of its partners and leased them directly back to the provider with no interruption of service delivery. As a result, this partner was able to use the money they had originally invested in the “bricks and mortar” to purchase another care provider, grow their business and spread their overhead and deleverage by eliminating debt.



Additionally, Scioto assisted the same provider in acquiring another care provider by purchasing the real estate portfolio associated with the business. This minimized the capital Scioto’s partner needed to close. They are now a more financially secure organization that is better able to weather a challenging rate environment with the dry powder available to take advantage of future opportunities. ●

*Author LINK: Mary Bea Eaton is COO of Scioto.*

*Scioto is an ANCOR Gold Partner and will be exhibiting at ANCOR’s 2012 Annual Conference. Since its founding in 1999, Scioto has worked exclusively to provide housing solutions for people with intellectual and developmental disabilities. For more information on Scioto, visit [www.scioto.com](http://www.scioto.com).*

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## SPIN: A Community Connector

By Bernice McHale

Creating a strong and inclusive community relies on the collective strength and commitment of its partners. SPIN, a nationally recognized organization providing services to people with intellectual disabilities in Philadelphia, considers collaboration to be a core value and key to producing inclusive outcomes for people with intellectual disabilities so that they may live a life of possibility.

Through SPIN's innovative leadership, it has expanded its connectivity to include area high schools, community colleges and universities, local businesses and its legislative community. SPIN relies on these connections to create opportunities for those it supports.

In 2004 the Norcom Community Center (NCC), a SPIN quality program, proudly received the very first Community Builder Award through the ANCOR Foundation. The transformation of an adult day program for people with intellectual disabilities to a "gathering place for the whole community" was made possible through its many partnerships.

In order to create a meaningful community center—and in keeping with SPIN's mission of inclusion—NCC needed to be relevant to all

of its members in the community. It developed programs that responded to the interests of its participants and engaged community partners to enhance the critical outcomes for people.

After NCC assessed a high interest and need in wellness activities for senior citizens, it developed a successful partnership with Independence Blue Cross to introduce the Silver Sneakers program to its members with and without disabilities. This inclusive program concentrates on improving strength and flexibility to enhance daily living activities. On any given day, the community center is bustling with Silver Sneakers members who are eager to live a healthier lifestyle.

Additionally, knowing that an educated community and a prepared workforce are critical to achieving inclusion, SPIN invests in its internship and volunteer programs. Young adults have the opportunity to gain "hands on" experience in the field of human services while having the opportunity to embrace the concept of a life of possibilities for people with intellectual disabilities. In the past year, SPIN has provided the opportunity for more than 200 intern/practicum students to learn and grow.

SPIN believes that through collaboration, real change can occur and is proud to support the

Self Promotion Advocacy Resource Community (SPARC), a group of 60 self-advocates who seek to become more engaged in their community.

Last year, SPARC members hosted a legislative forum at NCC, at which a self-advocate raised the issue about the "R word." She wanted to know why Pennsylvania did not have legislation like Rosa's Law. In attendance at the forum was State Representative Brendan Boyle, who made a promise to work on this legislation.

In February 2011, Representative Boyle, along with additional legislators, sponsored a bill to remove the term "mental retardation" from Pennsylvania's law books, and in December, 2011, this bill was signed into law.

Through SPIN's people-first services and its mission of creating a life of possibilities, it will continue to reach out to its community partners so that people with intellectual disabilities have the opportunity to participate fully as citizens in their community. ●

To learn more about SPIN and its Norcom Community Center, go to [www.spininc.org](http://www.spininc.org) or contact Bernice McHale, director of community affairs, at [bmmchale@spininc.org](mailto:bmmchale@spininc.org).



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## The Evolution of the NAC

The National Advocacy Campaign was founded in 2001 when ANCOR leadership answered the call from members to address the Direct Support Professional workforce crisis.

Since then, the NAC has grown into a nationally recognized endeavor—leading the charge to shine a spotlight on the contributions of an under-compensated workforce. This founding principle remains ANCOR’s focus in ensuring the sustainability and expansion of long-term supports and services.

The DSP workforce has a voice and a stake in the availability of these community supports to individuals with disabilities. To that end, the NAC’s focus is two-fold:

1. Raising the profile and status of DSPs; and
2. Advocating for the very funding that ensures that the vital role they play in the lives of individuals with disabilities is not diminished.

The NAC’s mission is threatened by continued cutbacks and economic challenges in our states and the even greater threat of looming federal entitlement reform and the Centers for Medi-

care & Medicaid Services’ resolve to rebalance the country’s long-term care systems.

We will vigorously counter these threats, while continuing our efforts to raise awareness (through the DSP Recognition Contest and DSP Recognition Week) and the status of DSPs (through the apprenticeship program and ongoing collaboration with the Department of Labor and the National Alliance for Direct Support Professionals).

In 2011, ANCOR launched the **Medicaid Values People** campaign to address the threats to Medicaid funding by showing that Medicaid is not just a line item in a budget to be slashed, but is an essential part of the lives of people in every community across the United States. The individuals with disabilities that ANCOR members support and their DSPs—the backbone of long-term community supports and services—are the faces of Medicaid.

The two campaigns are complementary. We simply cannot separate our goal of a strong and

sustainable DSP workforce from the issue of funding that makes these jobs—and the supports and services they represent—possible.

Throughout 2012, ANCOR will focus on making the public aware of the connection between DSPs, the individuals they support and Medicaid. We will call on ANCOR members to advocate for Medicaid funding and inform political leaders, the media and the public on how Medicaid affects their states’ economy and its citizens, especially people with disabilities and the DSPs who support them. Additionally, ANCOR will be able to arm members with the tools they need to do this.

These efforts can help us achieve our workforce objectives and, at the same time, make a big difference when Medicaid is considered for reforms that could lead to less funding for the very supports and services ANCOR members provide.

So join ANCOR and the NAC to answer the call: Show that “Medicaid Values People.” ●



## DSPs Bring Families and Communities Together

By Joseph Macbeth

A few years ago, I was facilitating one of several forums where Direct Support Professionals discuss the NADSP’s Code of Ethics and our nationally validated competency areas—a set of universal skills that are the basis of our credentialing program. At this particular forum, we were talking about building and maintaining friendships and relationships.

Midway through the forum, a young man in the back of the room raised his hand and began to tell me about an elderly gentleman that he supports who had lived in institutions for most of his life before moving to the community.

Over the years in the institution, the gentleman’s parents had died, and he lost all contact with his family. The gentleman told this DSP that he had one brother who lived somewhere in New York City whom he hadn’t seen in decades and wanted an opportunity to see him.

If you know anything about DSPs, you’ll know that they’re resourceful. So after checking with his supervisor, the young DSP went online and found the man’s brother in about five minutes.

The gentleman and his brother first made telephone contact to become reacquainted. As spring approached, the DSP made arrangements

to accompany the gentleman to New York to meet his brother—and they finally met on Easter Sunday at the brother’s home in Brooklyn.

During the visit, the brother told him all about his family history and gave him photographs from their childhood. He also introduced his brother to his wife and son.

At the visit’s end, the brother confided to the DSP that he had been carrying a tremendous amount of guilt for not being a part of his brother’s life, but he also confided something else—that he had recently been diagnosed with terminal cancer and how grateful he was to finally re-establish contact with his long lost sibling at this stage of his life. In tears, he thanked and hugged the young DSP.

I was told that the brother recently passed away. But thanks to this DSP, a man who lost contact with his family many years ago while living in an institution, re-established a relationship with his dying brother. The man now has pictures of his family proudly displayed in his home; has a sense of his roots; and has formed a bond with his his brother’s son.

This young professional exemplifies our very best, and whether he knew it or not, throughout this process, he showed proficiency in many of our competencies, among them Building &

Maintaining Friendships and Relationships, Advocacy, and Providing Person-Centered Supports.

On a daily basis, DSPs are asked to navigate through a maze of ethical, personal and professional dilemmas and must often respond by making critical decisions at a moment’s notice. The results of these decisions can literally be a matter of life and death for the person receiving services—or in this case, a matter of bringing a family back together.

DSPs make so many things on so many levels happen for people with disabilities who live in our communities—as advocates, as bridges to relationships, as mentors, educators and role models, and just as simple friends offering support in so many of life’s dimensions. When we talk about experiencing a rich life for people with disabilities in the community, one could argue, that it is the actions of our DSPs that are the true measure of that richness. ●

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*ANCOR is a member organization of NADSP and holds a seat on its board. Interested in joining NADSP? Visit [www.nadsp.org](http://www.nadsp.org).*

## CDS Evolves into DirectCourse

By Tom King

A decade ago, the College of Direct Support Online curriculum was a vision fast becoming reality. At the time, CDS Founder Bill Tapp was working with MC Strategies and the University of Minnesota's Research and Training Center (RTC) on Community Living to develop an online curriculum to train a workforce of Direct Support Professionals (DSPs) to support people with developmental disabilities living in community settings.

Today, that vision has morphed from the original 12 core courses to 35, training approximately 1.5 million learners across the country. From its first statewide contract with Pennsylvania in 2004, CDS now has 12 statewide contracts and is being used in 30 states. CDS also is a proud partner with ANCOR.



Research told the team that its focus should be in three new areas: employment services, personal assistance and caregiving and behavioral health and well-being. As a result, the CDS curriculum, recognized as the gold standard in online training in the developmental disabilities field, has evolved and is a part of the expanding DirectCourse overarching brand that consists of three additional online curricula:

- The College of Employment Services (CES), which was developed with the Institute for Community Inclusion at the University of Massachusetts Boston;

- College of Personal Assistance & Caregiving, which was developed in partnership with the University of California, San Francisco, and will launch in the spring of 2012; and
- A yet-to-be-named online curriculum in the field of behavioral health and wellness that is being developed with Temple University and is slated to be launched in 2013.

The DirectCourse curricula are developed with input from the National Advisory Board and National Board of Editors. Also, the University of Minnesota works with each partner to ensure the continuity of the product.

“As we all know, the perfect storm is upon us. We are in a huge state of transformation in our systems, and the DirectCourse curricula are here to

meet the expanding needs of community-based supports,” says Tapp, Direct Course vice president.

“From the ‘graying’ of America in all sectors and the Baby Boomers coming of age, so to speak,” he continues, “we are becoming increasingly aware of the inadequacy of our provider systems to support the growing populations that will need support workers to live in community as long as possible.”

DirectCourse is an evolution of major proportions based on a vision to improve the lives of those with disabilities living in community settings, of the elderly who need caregivers



Tom King

and those with behavioral health and wellness challenges.

“To grow critical community-based lifespan workforces, we must change the way we approach our work. We have all that we need to move forward if we just begin,” Tapp concludes. ●

Learn more about DirectCourse at [www.directcourseonline.com](http://www.directcourseonline.com).

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

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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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# Introducing DirectCourse

DirectCourse is an innovative suite of online curricula, including the renowned College of Direct Support and the new College of Employment Services. It's designed to educate, enrich and inspire professionals who work with and support people with disabilities.

DirectCourse is the culmination of the collaboration between University of Minnesota, the Institute for Community Inclusion and Elsevier.



## DirectCourse

ONLINE CURRICULA FOR LIFE IN COMMUNITY

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