

ANCOR Links

November 18, 2013

Columns

CEO Perspective: Heed the Wrong Way Signs

Renee L. Pietrangelo, PhD

It's time to rethink and redirect ourselves and our businesses. This requires reimagining the future and the direction we're taking to get there.



I've been reading a lot lately across a broad swath of business and nonprofit literature, trying to determine how best to distill big ideas and measured advice about leading and managing into the future.

One point of view shares common ground - the world is moving really, really fast. That demands that we shorten the distance between the present and future, and foster a culture of vision. This requires reimagining who we are and how we do business. A recent *Harvard Business Review* article on the future of health care delivery stated, "Provider organizations understand that, without change in their models of doing business, they can only hope to be the last iceberg to melt." Sobering words.

Nonprofit expert and author Claire Axelrod suggests five areas that demand rethinking and challenging ourselves with complete honesty

- Clarify your core values. Where your values are clear, your choices are easy.
- Clarify your destination. Understand the difference between mission (what you do) and vision (where you're going.)
- Clarify your brand promise. Is it on target and sustainable?
- Clarify your business structures. Is your business model the right one and sustainable? Break your business model down from the revenue engine to service and delivery strategies.
- Clarify your resources. Are you investing in the future? Do you have the right mix of skills and experience?

Let's look at one important example. An area that will dominate the future—technology. A recent survey of technology spending and practices among nonprofits surfaced the following findings

- On average, respondents have 3.4 technology-responsible staff.
- "Leading" organizations have about five times more technology staff than "struggling" organizations and are nearly two times more likely to include technology in their strategic plans.
- When looking at per-staff budgets, very large organizations may be spending the same—or even less—than small organizations.
- The median technology budget as a percentage of the organization's total operating budget across all organization sizes ranges from 1.0 to 2.2%.
- The size of the total technology budget does not directly correlate to higher technology adoption levels---smarter spending correlates more positively than merely spending more.
- There continues to be a lag in designating resources for training staff on the most effective use of technology.

The imperative is to build a value-enhancing and enabling information technology platform that

- Is centered on people served,
- Uses common data definitions,
- Encompasses all types of client data,
- Offers individual record accessibility to all parties involved, including medical records, and
- Is designed (system architecture) in a way that makes it easy to extract information and produce measureable, person-centered outcomes data.

Organizations, large and small, that master the value agenda (excellence in outcomes) can thrive despite the uncertainties ahead.

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President's Corner: Missing the Point

Dave Toeniskoetter

Amid the upheaval in the wake of the new Companionship Exemption rule, we've lost track of a more pressing challenge.



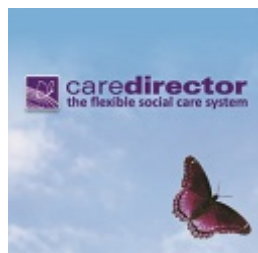
After more than ten years of court decisions, public debate and most recently U.S. Department of Labor rulemaking activity, the Obama Administration has taken action to sharply limit the application of the Companionship Exemption to the Fair Labor Standards Act. Since the 1970's, the Companionship Exemption has exempted certain "companion" employees from the minimum wage and overtime wage requirements of federal wage and hour laws. Effective at the end of 2014, the permitted use of the Companionship Exemption will be sharply limited. Most significantly for ANCOR member agencies and the people we serve, the Companionship Exemption will no longer be allowed in circumstances in which the "companion" is employed by a provider agency; it will only be applicable (in certain situations) when the companion is employed directly by the person receiving care and support from the companion.

ANCOR members and staff have been actively engaged throughout the public debate of this issue, and the rulemaking process, in order to assure the administration fully understood the impact this change will have upon our members and the people we support. This was not a black and white issue. It is difficult to oppose any change that appears, on the surface, to benefit Direct Support Professionals.

Now that the rulemaking process is completed and the decision made, I am left with one overarching thought: our society has missed the point. Beginning in 2015, DSPs who do "companion" work will become eligible to be paid the overtime premium rate for hours worked in excess of forty in each week. That sounds like a benefit, but will it materialize? Have you ever seen a Medicaid payment rate formula that includes the effect of the overtime premium? I haven't. There is no reason to believe that, as a result of this change, any additional funding will be provided for the services provided by DSPs. We can confidently predict that providers will limit "companions" to working no more than forty hours per week, because they won't be able to afford the overtime premium wage. I expect many companions will conclude they are worse off after the law change, as they experience new limits on the hours they will be permitted to work for any one employer.

Are DSP wages too low across our nation? Of course they are! Will we solve that problem by making "companions" eligible for additional FLSA protections? No; the root cause of inadequate DSP wages is inadequate Medicaid payment rates, and the root cause of inadequate Medicaid payment rates is the lack of value assigned by our society to the work of Direct Support Professionals. That is why the focus of ANCOR's National Advocacy Campaign must continue to be on educating everyone, and especially our state legislators and Members of Congress, about the value of DSPs and the vital work they do.

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Wage & Hour: Meaning of Live-in

Joni Fritz

The Department of Labor recently released the "Companionship Exemption." Correctly defining "live-in" is key to adhering to this new regulation.



According to the U.S. Department of Labor, many home health agencies are misinterpreting the meaning of "live-in employees." This information came to us in the preamble to the pre-release of the companionship rule changes, which will not be effective until January 1, 2015. "Live-in" means exactly what it says (with one variation described in a 1988 enforcement policy for employees who "reside on the premises for an extended period of time." We will discuss that rather complex variation in an upcoming issue of *LINKS*.) "Live in" applies to employees who live at their employer's workplace, not to those who may sleep on the premises for just a night or two, but who make the employer's home their own home, usually receiving mail there and keeping clothing and personal items there.

The term "companion" refers to a very specific type of domestic service employee. It is an employment arrangement under federal law, but an exemption from both minimum wage and overtime rules is provided for those who provide "fellowship and protection" for people who have disabilities or are ill, injured or elderly and require support in their own homes. Sometimes these companions live in the homes of the people whom they support, making these homes

their legal residences.

Employees who live in the homes of the people they support and who continue to meet the definition of "companion" after January 1, 2015 may continue to be paid at an amount they have agreed to with the individual or family who has employed them—whether or not it meets minimum wage and overtime rules. Live-in roommates can be examples of this type of employment. (On that date, however, if the companion is jointly employed by a third party agency, the exemption will no longer apply and the companion will have to be paid at least the minimum wage and overtime for all hours over 40 worked in a workweek.)

Employees who live in the homes of the people they support and who do not meet the definition of "companion" after January 1, 2015 but who nevertheless meet the definition of "domestic service employee" will have to be paid at least the minimum wage for all hours worked, but will not have to receive overtime under *Code of Federal Regulations* (CFR) §552.102(a). As long as there is no third party agency involved, the individual or family may enter into an agreement with the employee that up to eight hours a night of bona fide sleep time, and other time during the day that the employee is permitted to remain in the home free from responsibilities, or to come and go as he or she pleases, may be excluded from hours of work. New recordkeeping rules will require that a record be kept of hours actually worked, including interruptions of sleep time.

Employees who live in the homes of the people they support and who do not meet the definition of "companion" or who are jointly employed by a third-party agency after January 1, 2015 will have to be paid at least the minimum wage and overtime after 40 hours in each workweek, but they will not have to be paid for all time spent in the home. In such cases CFR §785.23, "residing on the premises permanently" will apply. As with §552.102(a) the employer and employee may enter into an agreement that up to eight hours a night of bona fide sleep time and other time during the day that the employee is permitted to remain in the home free from responsibilities, or to come and go as he or she pleases, may be excluded from hours of work. Records must be kept of hours actually worked, including interruptions of sleep time.

More specific information about CFR §785.23 with examples of schedules that meet DOL expectations are contained in the **ANCOR Wage & Hour Handbook**. Go to the [ANCOR web site](#) for information about how to order the Handbook. Information about what it means to "reside on the premises for an extended period of time" will appear in an upcoming issue of *LINKS*.

Author LINK: Joni Fritz is a Labor Standards Specialist whose guidance is free to ANCOR members and to those who attend a Wage and Hour Workshop or participate in a teleconference she has conducted. Any ANCOR member who wishes to

make arrangements for consultation or workshops with Joni must first contact Barbara Merrill, ANCOR Vice President for Public Policy, for a referral at (703)535-785, ext. 103 or bmerrill@ancor.org.



A Polarizing Issue - How Do We Define Community: CMS Proposed Regulations and ANCOR Responses

Diane McComb and Barbara Merrill

Healthcare reform is causing constant shifts in the landscape. ANCOR is working hard to keep you abreast of the latest trends and maintain an active voice in policy setting.



Should group homes that are built on the campus of a state operated institution qualify as an integrated community setting? If the answer to that is a clear "no!" then what about a cluster of privately operated small group homes? Does the cluster defeat the objective of community integration? Is your answer different if you are considering a retirement community for elders, as opposed to homes whose residents have cognitive or significant disabilities? And if the answer to that is yes, is the distinction justifiable? What are the essential characteristics of an institution, and is it possible to define it in such a way so as to not take away viable options (residential and employment alternatives) for people with disabilities?

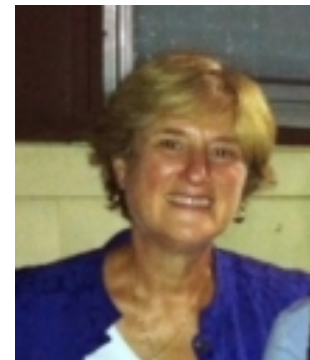
Should state landlord tenant laws apply to people with disabilities living in provider-owned housing – laws designed to protect tenants? Is it reasonable that people with disabilities have protections against losing their housing if they change their support provider? On first blush, while many would say "Yes!" when considering the implications to agencies operating residential supports, which include placement in provider-owned housing, much thought must go into the transition to this type of system, and whether it should be applicable to all services regardless of type of program.

Further, what if CMS determined that sheltered workshops were deemed to have "the qualities of an institution" and no longer allow Medicaid to support people with disabilities served in such settings? Would CMS provide incentives to states to provide adequate compensation for supported employment or other meaningful day services?

After three different solicitations for comments, *CMS is readying a final rule that will define community for the home and community based services, including the Community First Choice Option 1915(k) and 1915(i) State Plan options and 1915 (c) waivers.*

As a reminder, the **1915(i) state HCBS plan** option expands income eligibility to 300% of SSI, allows states to de-couple eligibility from institutional level of care and target a specific population – but the service must be statewide with no caps on enrollment. In the commentary, CMS states that precisely because eligibility for this option is not tied to an institutional level of care, it is all the more important to ensure that the funding not be used for services provided in an institutional environment. **The Community First Choice** option (1915(k)) - which offers a very attractive 6% enhanced FMAP match - allows states to offer community and attendant services to people at up to 150% of FPL.

ANCOR has commented on every iteration of the proposed definition, and we continue to engage with CMS on this very important topic. Here's what you need to know about the proposed regulation, and ANCOR's comments submitted in July 2011:



- CMS is proposing a one year transition period. In our comments, ANCOR strongly emphasized the need for CMS to extend their proposed transition time to longer than one year and asked CMS to define the timeframe by which CMS would apply the definition of community to 1915(c) waivers.
- **CMS backed off from their 2011 proposal which would have automatically excluded any setting that shared a building or grounds with an inpatient facility or a “housing complex designed expressly around an individual’s diagnosis or disability.”** However, although the pending proposal expressly notes HCBS settings do not include ICFs, nursing facilities, IMDs, and hospitals, the secretary reserves discretion to recognize other settings that have the quality of an institution. In making that determination, HHS will exercise a *rebuttable* presumption that a setting is an institution if it is:
 - Located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or
 - In a building that is on the grounds of, or adjacent to, a public institution, or disability-specific complex.
 - Other qualities that could cause CMS to consider a setting an institution would include settings that are isolated from the larger community, do not allow people to choose whether or with whom they share a room, or limit other living experiences such as meals, visitors or activities.

ANCOR agreed with this provision in general; however, questioned the lack of specificity in the definition of *public institution* which leaves this proposed rule open to many interpretations and is problematic. We also asked for clarification of intent that this exclusion is intended for residential supports and not supported employment or other vocational activity that may indeed find an individual choosing competitive employment in a setting that may be located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution or disability-specific housing complex.

ANCOR also strongly objected to the inclusion of disability specific housing in that many people choose, as a function of age, to live with others with similar needs. Senior housing, assisted living, and other such options are freely chosen by seniors without disabilities. We asked why people with disabilities eligible for HCBS should be denied the same array of options available to their non disabled peers. Additionally, there are many individuals with homes currently in HUD 202 and 811 housing. Are they to no longer be eligible to be supported as an HCBS setting? The key is that the person centered plan should provide for individuals making free choices in where they live in HCBS settings as long as they do not include nursing facilities, institutions for mental diseases, intermediate care facilities for mentally retarded, hospitals, or any other locations that have the qualities of an institutional setting as determined by the Secretary (Note ICFs, IMDs, etc are not currently considered HCBS settings.)

- The most recent proposed definition lists attributes that adhere to principles of choice, autonomy and respect. To wit:

The setting is selected by the individual, personal rights are respected, individual autonomy and initiative in making major life decisions including personal environment, daily activities and with whom to interact are optimized – not regimented; individual choice regarding services and supports, and who provides them, is facilitated.

- In a **provider controlled residential setting:**

- any modifications of the conditions set out below must be supported by a specific need and documented in the person centered plan. (Note: CMS in the commentary specifically recognizes that while individuals receiving HCBS must not have their independence or freedoms abridged by providers for convenience, “people with cognitive and other impairments may require modifications for their safety and welfare.” However, they also solicited comments regarding (1)specificity of the documentation of the need, (2)that less obtrusive methods were tried, (3)regular collection of data to review effectiveness of the modification and (4)establishing time limits for periodic reviews.)

ANCOR comments reflected support for the principles articulated, but reinforced that individuals with cognitive disabilities and other impairments may require modifications of the aforementioned conditions for their safety and welfare. ANCOR’s comments noted support for the qualities of community as articulated by the proposed rule, however, questioned the frequency of assessments for a condition that is not likely to improve, such as Prader Willie.

- The unit or room is a specific place that can be owned, rented, or occupied under a legally enforceable agreement, and the individual has, at minimum, the same responsibilities and protections from eviction that the tenants have under the landlord tenant laws of the state or local jurisdiction.

ANCOR commented with support of the proposed criteria whenever an individual lives alone with no other individuals. ANCOR pointed out complexities that will arise, such as when an individual chooses to live with a roommate, either because s/he chooses the person or s/he chooses the sharing arrangement to afford to live in a place s/he might not otherwise afford, and there are two or more providers supporting two or more different individuals, who is responsible for collaborating schedules such as assuring visitors of one and the times of those visits, do not infringe on the privacy of the other?

- CMS solicited comments regarding whether more protections should be set out, including lockable doors, sharing units only by choice, freedom to decorate/furnish their own units, freedom to control their own schedules, and have access to food at any time, freedom to have visitors of their choosing at any time. See comments above
- **In addition, although also not included in the rule, CMS invited comments on “a requirement that receipt of any one service or support cannot be a condition for living in the unit.”**

ANCOR responded asking for clarification under certain circumstances. “With regard to the request to comment on a second criterion that would include a requirement that receipt of any particular service or support cannot be a condition for living in the unit, this could be interpreted in more than one way. If upon signing a lease with certain services agreed to in a person centered plan for the safety and welfare of the individual, the executed agreement should stand as the modis operandi. If the individual decides after the fact to participate in activity that is contrary to the person centered plan, putting the individual in danger, then we must ask, who is liable for the outcome of the risky behavior? If all parties agree to a plan and the individual receiving supports departs from that to which s/he agreed does the provider have standing in requiring the individual to adhere to the plan and take steps to do so?” ANCOR also strongly voiced concern regarding the impact of this rule as it would apply to a shared living model (or adult foster care.) Assuming CMS wants to promote shared living alternatives as an allowable HCBS service, additional guidance would be necessary to understand how this type of model can operate in accordance with the proposed rule.

ANCOR has a long history of providing members with the information necessary to understand trends and changing dynamics in service provision to individuals with disabilities. ANCOR also has a positive, longstanding collaborative relationship with CMS officials. We pro-actively communicate on an ongoing basis to assure an exchange of information that is respectful and forward thinking. While we cannot predict when CMS will publish the final rule on HCBS, ANCOR is poised to respond and assist members in understanding the implications of whatever provisions prevail, and engage in continued dialogue with our federal partners to ensure a practical, viable definition moving forward.

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2013 Wrap-up

Technology Solutions for a Brighter Future

Tony Yu

The ANCOR Technology Summit whet conference-goer's appetites with introductions to a pilot remote support program, mobile devices and HR solutions.

The 2013 ANCOR Technology Summit and Showcase has come and gone, but that doesn't mean the conversation ends there. Technology is ever advancing, fueled by unmet needs and innovators wielding technology as tools to meet those needs.

Providers are beginning to leverage these tools to better serve and streamline operations. At the Technology Summit this past October, we learned about person-centered pilot programs that incorporate remote supports to improve independent living. Providers in Ohio are researching ways to balance the costs of tech supports with the reduction in revenue from time billed.



With regard to operational software and hardware, sessions on selecting mobile device management and time and attendance solutions spurred lively and informative discussions. And with the incorporation of these new solutions comes the importance of maintaining data security in an increasing cyber world.

But you don't have to go at it alone or only look within for the answers! Providers are partnering with schools and universities in the community to develop assistive technology

During his presentation, Mark Davis, president of the Ohio Provider Resource Association (OPRA), called upon us to remember that we are in the people business. His message keeps technology in perspective; for us, it's not about

the nuts and bolts but instead it's about supporting people to live their lives to the fullest.

We still have plenty of ground to cover. Health information technology (HIT) is coming on like a train, and it's not a question of whether we board but in which car we ride.

The 2014 ANCOR Technology Summit will be held once again at the Omni Interlocken Resort in Broomfield, Colorado on October 10, following the Coleman Institute's Conference on Cognitive Disability and Technology on October 9. We hope to see you there.

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ANCOR Intros Spotlight at Tech Summit

Marsha Patrick

The 2013 ANCOR Technology Conference debuted a new session, giving conference goers a more hands on experience with vendor products and services.



After four years of collaboration between the Coleman Institute and ANCOR, the 2013 Technology Summit introduced a showcase for exhibitors.

Along with the showcase, a "Spotlight" exhibitor presentation was held at lunch. The "Spotlight" featured 4 exhibitors each day, introducing their products and services, mostly assistive and operational technologies, to an attentive audience. The attendees learned how these products could turn provider problems into solutions through collaboration. The first day featured Quantum Solutions, Rest Assured, Sengistix and Touch of the Future. The second day highlighted CareDirector, eVero, Intellinetics and MITC.

Was the Showcase a worthwhile feature for the exhibitors? Here are some of the comments received from them about the Showcase:

"ANCOR was a great opportunity to share new assistive technologies with industry leaders and decision makers expanding opportunities to serve clients for improved autonomous independence in the community."
Sandy Hanebrink, OTR/L, Executive Director, Touch the Future, Inc.

"We found the 2 day Coleman Institute/ANCOR Tech Showcase to be very worthwhile. It was the perfect opportunity to meet existing clients and to engage with valuable prospects. We'll be back in 2014!"
Dustin Wright
Rest Assured

"ANCOR Tech Summit 2013 was, without exception, one of the best events of its kind for technology vendors servicing the Provider market to attend! The vendor booths were in the same room as the attendees and in the middle of the action. The ANCOR staff went out of their way to make sure that the vendors had multiple opportunities to interact with the attendees and to share their technology solutions. Having the opportunity to build new relationships with customers on a national level was priceless."

Jim Perry

Director of Sales and Business
DevelopmentIntellinetics, Inc.



And here's what a few of the attendees were overhead commenting:

"It was great to see so many assistive and operational tech exhibitors in the same room."

"I learned a lot from just watching and listening to the presentations during the 'Spotlight' feature."

"My agency is already looking forward to next year so that we can bring others in our office to talk to the exhibitors on the spot regarding our current and future needs for technology."

ANCOR is pleased to partner again with the Coleman Institute in 2014. Vendors interested in learning more about the 2014 Coleman Institute/ANCOR Technology Showcase and Summit, being held at the Omni Resort in Broomfield, CO, and how to become a part of the program or an exhibitor, contact ANCOR's Development Director, Marsha Patrick at mpatrick@ancor.org.



Why Ratifying the Disabilities Treaty is in Our Own Best Interest

Katherine Berland

The Disability Rights treaty is back in the news. The United States failed to ratify it last year, a failure ANCOR is hoping to see rectified.



In 2008, the United Nations' treaty titled "The Convention on the Rights of Persons with Disabilities" (often simply called the "disabilities treaty") obtained its twentieth signatory and came into force. The treaty was modeled largely after the Americans with Disabilities Act enacted by the United States in 1990. Though President George W. Bush signed on to the treaty in 2009, the Senate failed to ratify it according to the ratification process outlined in our Constitution. Despite significant bipartisan support, a 2012 floor vote came up five votes short of the two-thirds majority required. The Senate Foreign Relations Committee recently held the first of two scheduled hearings on the treaty[i], hearing testimony from former

and current Senators and Representatives, and the former U.S. Attorney General, in support of the treaty. The committee also heard from opponents to ratification, who expressed concerns including the treaty being unnecessary and ineffective and the treaty compelling the United States to create new law to implement it. These concerns are misguided.

Many supporters of the treaty take the correct position that in order for the United States to remain a leader on disability rights worldwide, we must ratify the treaty. Not doing so undermines our credibility in the eyes of the world and excludes us from having a seat at the table when international disability policy is discussed. It is not enough simply to lead by example, as some opponents have said. If we continue to refuse to participate in policy created at an international level, we will be left behind rather than be seen as a global leader.

Professor Timothy Meyer of the University of Georgia School of Law testified before the SFRC on the legal obligations that arise from treaty ratification. Generally, when a treaty is ratified, the signatory nation becomes obligated to codify laws to implement the treaty. Like most human rights treaties, the disabilities treaty would establish an expert committee who would evaluate signatories' implementation of the treaty. The committee would issue reports and recommendations to assist nations in implementing the provisions of the treaty. Several experts have pointed out that new laws would not be required to implement the disabilities treaty because it was modeled after the ADA and existing law would be sufficient to implement its provisions.

As Meyer explained to the SFRC, international law is generally only binding when a nation consents to be bound to it. When ratifying a treaty, a country may include reservations, understandings and declarations (RUDs) which spell out that nation's interpretation of its obligations under the treaty. The United States could include RUDs that explicitly state we do not consent to be bound by the expert committee's findings and recommendations. Opponents to the treaty's ratification that believe RUDs would not be sufficient to protect the United States from being compelled to enact additional laws are mistaken about the role of RUDs in treaty execution.



Even if the United States does not ratify the disabilities treaty, it is not guaranteed to never be bound by international norms and standards, usually referred to as "customary international law." CIL is created, in a manner similar to domestic common law, when nation-state members of the global community establish laws through customary practice that are repeatedly upheld in international settings, establishing precedent that other nation-states may be subject to even if they have not consented to be bound. Extreme examples of CIL involve crimes against humanity and war crimes, but any area of law can be considered customary international law if its practice has been established by a substantial portion of the international community. Customary international law is relevant when considering the disabilities treaty, because if the United States is serious about being a global leader in disability rights, we must participate in policy discussions that take part in the global area. Ratifying the disabilities treaty means we could potentially be represented on the expert committee and influence the interpretation and implementation of the treaty worldwide. Not ratifying the treaty assures that we will not have that position of influence, and will be shut out of the creation of customary international law as it relates to global disability policy.

The United States has a strong history of working in a bipartisan manner to advance disability rights. It is time to continue that tradition and ratify the Convention on the Rights of Persons with Disabilities so that we can continue to maintain our reputation as a world leader and improve the lives of people with disabilities here and abroad.

[1] Hearing materials, including video of the hearing in its entirety and downloadable testimony of witnesses, is available at <http://www.foreign.senate.gov/hearings/convention-on-the-rights-of-persons-with-disabilities>.

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ANCOR's Barbara Merrill Participates in Kennedy Forum, Future Regional Events On Tap

Barbara Merrill

In celebration of the 50th Anniversary of the Community Mental Health and Mental Retardation Facilities Construction Act, ANCOR recently attended the Kennedy Forum gala, rubbing shoulders with high level government officials and grass root activists - all united in their drive to confront and conquer challenges faced by people with disabilities.



Fifty years ago President John F. Kennedy signed the Community Mental Health and Mental Retardation Facilities Construction Act. Although mental health historians differ as to the effectiveness of the inaugural piece of legislation, it was the last piece of legislation the young president signed before his assassination, and clearly began the process that led to the foundation of community services.

Kennedy's remarks at the signing not only remind us of how much progress has been made since 1963, but how much is still left to be done.

"We cannot afford to postpone any longer a reversal in our approach to mental affliction. For too long the shabby treatment of the many millions ... needing help has been justified on grounds of inadequate funds, further studies and future promises. We can procrastinate no more."

Echoing his uncle's call for a "bold new approach," former Congressman Patrick Kennedy organized The Kennedy Forum for the purpose of uniting the mental health community in common purpose. I was honored to represent ANCOR at the first of what is intended to be a series of events across the country. The Forum kicked off on Oct. 23 in Boston with a gala

event at the John F. Kennedy Presidential Library and Museum, followed by a full day conference that brought together a diverse group of advocates, experts and political and mental health celebrities.

Headlined by Vice President Biden, HHS Secretary Kathleen Sebelius, Chelsea Clinton, Chicago Bears wide receiver Brandon Marshall, Chris Matthews and David Gergen, the black tie gala at the Kennedy Library and the daylong conference included a retrospective on the last 50 years, and a call to action to meet the remaining challenges.

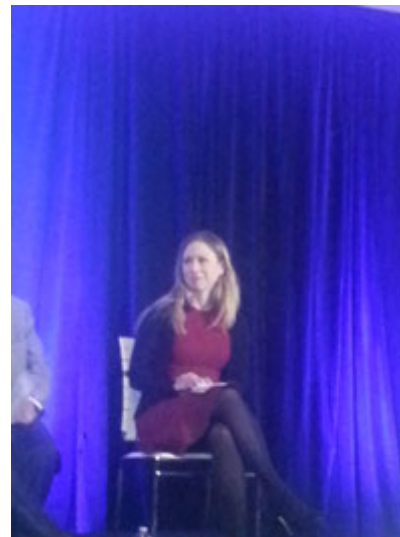
Although the inaugural event reflected a stronger focus on mental health and addiction policy and challenges, conference panel participants from the intellectual disability community featured long time advocates Steven Eidelman, University of Delaware Leadership Faculty, and former CEO of The ARC and Madeleine Will. They provided the audience of over 600 people with a thoughtful summary of the history of the IDD community movement, that included praise for The ARC's Marty Ford's advocacy on behalf of people with disabilities and a scathing indictment of organized labor's record of holding back de-institutionalization, mentioning AFSME and SEIU specifically. Madeleine Will, VP for Public Policy for the National Down Syndrome Society, speaking on behalf of the Collaboration to Promote Self Determination (of which ANCOR is a member) addressed the goal of achieving integrated competitive employment opportunities for people with intellectual disabilities, with a particular focus on young people transitioning from schools to the community.

Patrick Kennedy, who gave the keynote at ANCOR's April 2013 Spring Conference, shared his heartfelt belief that the IDD community must reach out to the greater mental health community – veterans with brain injuries, people with mental illness and substance abuse challenges – to take our advocacy to the next level. The deliberate organization of this conference – bringing together advocates across all of those fields – reflected that vision.

We look forward to working with The Kennedy Forum to inform future conference programming to help break down those barriers, but most importantly to realize JFK's vision to eliminate the stigma that is reflected 50 years later through the

inadequate funding that serves to impoverish people with disabilities, perpetuate huge waiting lists for basic services and subsistence wages for the direct service workforce. We can and must do better.

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In Other News

ANCOR Foundation Grant Helps With Flood Ravaged Homes

The ANCOR Foundation lends a helping hand to ANCOR members in need.



In some of the worst flooding seen in Colorado in the last 40 years, ANCOR member Imagine! had several properties sustain major water damage. The ANCOR Foundation was thrilled to be of assistance, donating \$6,000 to help Imagine! rebuild their SmartHome and bring their residents home.

When disaster strikes, communities come together. The ANCOR community has generously donated to the ANCOR Foundation CARES Fund. We are proud of our members and especially pleased that we are able to help those in need.



NADSP Seeks DSPs for New Committee

NADSP launches a new committee. Nominations are now being accepted.



The National Alliance of Direct Support Professionals is creating a Direct Support Professional Advisory Committee that will assist the board of directors in determining strategic efforts and initiatives that help support the development and skills of our nation's direct support workforce. This committee will provide the NADSP with specific recommendations that may pertain to public policy, state chapter development, membership and marketing initiatives and substantive ways to improve quality at the point of interaction between the direct support professional and the person with a disability.

The committee will be comprised of direct support professionals from across the country who work in a variety of support settings, including self-directed and traditional residential supports, respite, day habilitation and employment services. It is anticipated that the committee will begin its work in January, 2014 and meet one hour each month thereafter by conference call.

During the month of November, NADSP will be seeking nominees to join this historic committee. Each nominee will be current in all required training and "in good standing" with their employer. NADSP is also seeking the best and brightest -- nominees who possess creativity, strong communication and leadership skills, an ability to understand big picture workforce development initiatives and most importantly, the time to engage in critical thinking exercises with colleagues from across the country.

NADSP is looking for a commitment from the employer to support the members of DSPAC by making sure that they have the necessary time to participate in monthly calls and perhaps one face-to-face meeting a year.

This is an excellent opportunity for professional growth for direct support professionals. If you or someone in your organization is interested in participating on DSPAC, please submit the following:

Documentation showing a cleared criminal background check within the last twelve months for the state in which the nominee works. There is some variation by state, so NADSP needs to determine that the nominee meet's his/her state's requirements to work as a DSP;

A letter from the employer that states the nominee has completed all required training as prescribed by the state, employer or a person who directs her or his own services and supports; has at least one year continuous employment with the employer or person who self-directs her or his own services and supports; is an employee in good standing and legally able to work in the United States;

A professional resume and;

A completed [nomination form](#) (You will be able to fill this form out, click and send it to NADSP directly.)

Please submit the above information, no later than **November 30, 2013** by e-mail to lisam@nysacra.org or send by US Mail to:

Ms. Lisa Mount
Office Manager
National Alliance for Direct Support Professionals
240 Washington Ave. Extension
Suite 501
Albany, NY 12203

If you have any questions, please write to imacbeth@nadsp.org or call (518) 449-7551.





Comings and Goings

ANCOR members starting new positions in 2014.

Mike Decker, Liberty CEO and former ANCOR Board of Directors Secretary/Treasurer will be starting the New Year in a new position. He's accepted a position with the New York City AHRC and will begin in early January. Liberty is conducting a search to find their new CEO.

Oak Hill recently announced they've found their new president. Barry Simon, former CEO of Gilead Community Services, Inc. will take over from the departing Pat Johnson in December.



Tech Rights Declaration Unveiled

Show Your Support for The Right to Technology and Information Access

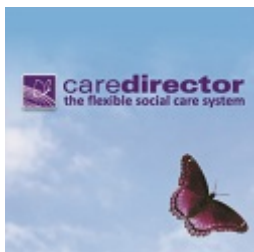


ANCOR is encouraging all member organization to endorse the Declaration of The Rights of People with Cognitive Disabilities to Technology and Information Access Declaration. To read the declaration and endorse it, please follow this [link](#).

The Declaration was unveiled on October 2, 2013 at the Thirteenth Annual Coleman Institute National Conference on Cognitive Disability and Technology in Broomfield, Colorado.

ANCOR, a conference co-sponsor, along with the American Association on Intellectual and Developmental Disabilities and The Arc of the United States, endorsed the statement of principles on the rights of all people to inclusion and choice in relation to technology and information access, entitled The Rights of People with Cognitive Disabilities to Technology and Information Access.





Buckeye Industries Wins Prestigious NASA Sustainability Award

Karen Knavel

Buckeye Industries' recycling program given stellar recognition from NASA.



Buckeye Industries, a business enterprise of New Avenues to Independence (OH), was awarded a Certificate of Appreciation from NASA Glenn Research Center. The award reads: "In recognition of your outstanding support to NASA Glenn Research Center's recycling program; specifically your work in recycling plastics, Styrofoam™ and expanded polystyrene pellets from our Zero Gravity Research Facility."

The award was presented to Carmen Siciliano, Sales Professional of Buckeye Industries, by Richard Flasiq, Chief, Logistics and Technical Information Division at NASA's Sustainability Fair on September 18, 2013. Dr. Rickey Shyne, Director of Facilities and Test Directorate, GRC Sustainability Officer; Jim Free, GRC Center Director and Northeast Ohio CFC Executive; Matt Grey, Director, Mayor's Office of Sustainability and Scott Sanders, chair Earth Day Coalition

were featured speakers at this year's event.

This award is given to those companies working with NASA that offer the best in recycling sustainability practices. "We are very honored to be recognized by such an important organization as NASA Glenn Research," stated Thomas Lewins, Executive Director of New Avenues to Independence. Buckeye Industries has been providing plastics and Styrofoam recycling services to NASA performed by individuals with disabilities for the last two years.

By providing vocational training and employment opportunities to these individuals, they become more productive members of our community. And the community benefits from their high quality, reliable services. "It's a win-win situation for all," says Sean Kiniklis, Buckeye Industries Vocational Director.

Karen Knavel is the Director for New Avenues to Independence. She can be reached at kknavel@newavenues.net.



Did You Know

Medline

Did you know that Medline offers significant cost savings on latex gloves and diapers? Click [here](#) for more details.

"Thanks to the discounts we received from 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.

From Our Sponsors

Save Training Dollars With the New Savings Calculator

Bill Waibel

DirectCourse's Savings Calculator helps providers assess how much they're spending on training.

Training is an indispensable part of being a direct care provider, but do you actually know what your training is costing you? DirectCourse provides a tool, free of charge, to help you determine what you are currently spending and how you can save on your training dollars without sacrificing quality.

The Savings Calculator is a tool designed to allow potential and current customers of any of the DirectCourse curricula to determine how much money they are spending on training and whether DirectCourse can help you save money on your training costs.

Training isn't just about saving money. Organizations with well-trained, competent staff realize many benefits. The North Carolina Providers Council, the state's largest cross-disability provider association, conducted a demonstration project utilizing the College of Direct Support with nine member agencies. A total number of 2,689 learners participated in the demonstration.

Learner Outcomes: Learning and comprehension improved in the participants with an average gain in knowledge of 24.5%, as measured through a pre-and post-test assessment built into CDS. Several organizations reported that observable performance changes took place as a result of CDS. One organization observed that content from the Safety at Home and in the Community course resulted in improved safety practices within the organization.

Turnover: The average reduction in turnover across these seven organizations was 6.9%. Less turnover allows an organization to use resources differently to support their employees, rather than pay for the cost of training new employees. Previous studies on the cost of addressing turnover by hiring new employees to work as DSPs in community organizations, both nationally and in other states, have yielded cost estimates of \$2,400 for each new hire (Larson & Hewitt, 2005.) From a cost savings perspective, the total amount saved in this demonstration across all organizations is estimated at \$283,200—an average of \$56,640 per agency.

Training Practices: Each organization reported that the demonstration facilitated their use of new training approaches, ranging from implementation of training labs to allowing learners to complete training anytime and anywhere. Some of the organizations used CDS to train new employees, while others used it to train long-term employees, and still others used it to train both. Nearly all of the organizations trained both DSPs and supervisors or managers using CDS. Our curricula uses active learning instruction methods that reinforce learning through the use of voice clips, video clips, and interactive exercises. On-the-job training skills and portfolio development enhance the learning process. This made CDS user-friendly but also challenging to all levels of staff that participated in the project.

Cost Effectiveness: Assessing the cost of the curriculum investment, the total number of learners engaged in the training program, and the number of completed hours of training, you can see just how much your organization will save. For this demonstration project, the total investment from the North Carolina Council on Disabilities was \$266,667; the total number of learners was 2,689; and the total number of completed training hours was 158,108. This comes out to an average cost of \$99.17 per learner and \$1.69 investment per completed hour of training. This cost per hour for CDS is considerably less than the cost of classroom training.

Short of conducting your own comprehensive evaluation, the Savings Calculator uses industry standards to calculate your own costs. The calculator is simple and easy to use. With only ten questions, clients are able to quickly determine the cost benefits of online training. The whole process takes literally just a few minutes.

The Savings Calculator is a simple tool, one that was developed from our original Return on Investment Tool. It gives you a quick and easy way to get started in determining your training costs. The Return on Investment Tool is also available should you choose to gain a more comprehensive insight into personnel costs in your organization.

To get started using the Savings Calculator, simply contact a DirectCourse Sales Representative at 888-526-8756 or e-mail directcourse@elsevier.com. for help using the calculator to find your potential savings, and answer any questions.

Author LINK: Bill Waibel is a Director, Business Development and Workforce Development, with Elsevier/MC Strategies. Contact [DirectCourse](#) to get more information. A DirectCourse representative will answer all of your questions and get you started with the Savings Calculator to see just where our online curricula fits in your budget.

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