

ANCOR Links

November/December 2015

Columns

CEO Perspective: Reflections on San Bernardino

by Barbara Merrill, Esq.

ANCOR's CEO weighs in on recent tragedies, reactions and our roles as providers supporting people with disabilities to live as independently as possible.



I'm a big fan of the movie **Love Actually**. In the wake of massacre at the San Bernardino Regional Center and the recently profiled 2014 murders of Francis and Mary Stack in Elmhurst, NY, its message resonates more than ever. You might wonder what these horrific events have to do with each other — if you've seen the movie you know it has nothing to do with "mercy" killings, gun control, border security, or anti-terrorism measures.

The movie won very few awards and didn't premiere at Sundance or Cannes. It's ridiculous, seriously funny, very hokey, chock full of F-bombs and downright bawdy. But I love its message — and the subject matter it takes on. It ever so painfully refuses to sugarcoat how crushingly enormous the strain on family caregivers can be, it shows hearts broken in two by infidelity, and spotlights the loneliness of grief. But after the events of this year — Charleston, Umpqua Community College, Chattanooga, Beirut, Paris, Colorado Springs and now within our midst at the San Bernardino Regional Center — its message is crucial:

"Whenever I get gloomy with the state of the world, I think about the arrivals gate at Heathrow Airport. General opinion's starting to make out that we live in a world of hatred and greed, but I don't see that. It seems to me that love is everywhere. Often, it's not particularly dignified or newsworthy, but it's always there — fathers and sons, mothers and daughters, husbands and wives, boyfriends, girlfriends, old friends. When the planes hit the Twin Towers, as far as I know, none of the phone calls from the people on board were messages of hate or revenge — they were all messages of love. If you look for it, I've got a sneaky feeling you'll find that love actually is all around."

Most of us remember where we were when we learned about a major tragic event — I was woken from a nap in 1st grade with the intercom message that President Kennedy had been shot, alone in my car just four days after visiting the top of the World Trade Center with my husband and two small children when NPR interrupted local programming to announce that the first tower had been hit on 9/11, in a meeting in the Hart Senate office building trying to keep it together after hearing that a bomb had gone off at the finish line of the Boston Marathon just blocks from where my daughter was that day, in a crowded airport with fellow travelers that went completely silent when Sandy Hook broke, and in my office three weeks ago when my daughter texted me from Beirut to tell me about the bombing and that she was safe and sound.

I was in a completely different setting last week when San Bernardino hit the news — Marsha Patrick and I were visiting with a small group of people that live and work at a delightfully cheerful Lower Manhattan river-side apartment home of a small group of people with intellectual disabilities served by UCP of New York City. I had started the day feeling deeply unsettled after reading a NYT article about another mass shooting that occurred in Elmhurst, Illinois in August

2014. The story — [important reading for all of us](#) - examined the circumstances of and societal reactions to the act of an 82-year old man who calmly collected his two adult children, Francis and Mary Stack, from the group homes where they lived, promised staff he'd get them back by 5, took them to home, and made sure his daughter was in the armchair that made her feel most comfortable with a favorite magazine in her lap. He then murdered his wife, son and daughter, before turning his gun on himself.

As I visited at that beautiful NYC home brimming with love and deep respect for the people that lived there, my thoughts kept returning to that story. We'll never really know what was in Stack's mind, but it seems obvious he must have believed the lives of his children only mattered to himself and his wife, or that they were solely their "burden" to bear. It felt impossible to reconcile that story with what I saw that day, especially after meeting two direct support professionals who care so deeply for the people they support that they actually commuted **over three hours each way for two years** to a temporary residence in the Bronx after the lower east side group home was damaged during Hurricane Sandy. Stories of enormous demonstrations of love and generosity for people with disabilities are commonplace in our community — it's what motivates us to go to work every day.

That's where I was when the news started to break about the San Bernardino shootings, in an oasis of love, tolerance and respect. Thinking about that 82-year old man, wishing he had truly understood that love is all around. Although it has been a partial relief to learn that people with disabilities were apparently not the targets in California, we have since learned that one of the victims was a job coach for people with disabilities. We deeply mourn the passing of Daniel Kaufman, and extend our condolences to his co-workers, people he supported, family and friends. We mourn the lives of all of the victims that day. And we mourn the lives of Francis and Mary Stack.

Our members, people with disabilities, and their friends and family members go into the Inland Regional Center every day to work with the RC staff. A group of our members were at a holiday party in that same conference room only the day before. Over the next 36 hours as we were getting reports from members in the area that they and their people were safe, we were alerting our membership about the incident, hearing about members fielding calls from reporters wanting to know what security measures providers had in place, learning about states that quickly moved to close I/DD related state operated work sites, sharing websites that provide resources for trainings for active shootings — and feeling incredibly sad.

As leaders in the disability community our job is to demonstrate the value of people through community inclusion and respect, as providers our job is to support people with disabilities to take risks, to live as independently as possible, while simultaneously ensuring their safety and the safety of our staff. It's deeply important for us to not overreact — I shudder to think of people deciding that community residences need significant security measures, but active shooter trainings may become the norm. How sad.

In September of 2001 my family had just built a home in a new community. Like other Americans we felt helpless to address the cause of the 9/11 event, but did what we knew best, we donated money, and we organized a neighborhood potluck — because we badly needed community. ANCOR is the American Network of Community Options and Resources. Community is the heart of everything we do to support people with disabilities and their families — and each other. Love is around — and it shall prevail.

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State Association View: Coalition Building - The Power of Association

by Diane McComb

There is power in numbers and coalition building is key.



With a new year fast upon us, State Legislatures everywhere will convene and it will be all hands on deck for every state association. When we look at our successes over the years, they all have one thing in common — they centered around strong coalitions among state associations, people with disabilities and their families and advocacy organizations. Demonstrations of solidarity and creativity on the part of coalitions promoting supports for people with disabilities will be critically important in the upcoming sessions as long term services and supports are debated.

When one looks at successful efforts it is sometimes easy to dismiss them as this could never happen in **my** state; or, we tried that and it didn't work. If that's the case, one needs to look further to understand why coalitions are essential to success.

Coalitions don't just happen. They require extensive commitments on the part of their members. It takes work collaborating on ideas and agreeing on common ground. Being part of a successful coalition is fraught with challenges; yet, they remain the single most effective

way for underdogs to become champions in a highly competitive arena such as state politics. State associations are logical players in this effort.

Legislators, especially on the state level, are hard pressed to ignore constituents who come together with a common message. Even if a coalition's goals are not all met at once, over time, the presence of a strong coalition delivering a consistent message can have an exponential impact as legislators and public officials are held accountable to the constituency.

Coalitions provide added credibility to an issue giving it broader support, increased access to legislators and public officials, and a greater likelihood of media attention. On the cautionary side, coalitions require members to be very disciplined regarding the public message. One way to reduce the competition inherent in coalitions is to agree on a name that is different from the members. That way, the coalition takes credit for accomplishments thereby sharing any benefit and recognition. It also demonstrates many organizations are part of a greater cause.

The mechanics of creating a solid coalition are grounded in the group's guiding principles. Identify early on what is wanted as a result of the group's efforts. Be able to articulate in unambiguous language what the coalition effort is about so members of the coalition can educate their constituency. Get everyone on the same page! Provide materials in writing to members of the coalition to:

- Give a brief summary of the current status (statement of the problem);
- Answer the question, "How did we get here?" (background);
- Articulate what is wanted by the group (the ask);
- Provide talking points so everyone is saying the same thing;
- Identify the targeted people for the message (e.g. legislators, public officials, etc.) and their contact information; and
- A link to provide feedback to keep track of progress.

Members of a coalition need not agree on everything, *but they must agree to disagree in private*. The public persona must be one of alignment where the focus is on a unified outcome. When all members are vying for the same thing, it is difficult to challenge its relevance. Coalition

members are part of a team and they must be respectful of others' points of view and willing to compromise when necessary.

Throughout ANCOR's effort, awareness has broadened on this important issue. While we all know a resolution doesn't by itself increase rates, the collective actions ANCOR has taken over the years have improved the understanding of the issues facing DSPs and the agencies for which they work. Our annual national recognition program honoring DSPs from each state elevates their stature with local, state, and national elected officials sparking curiosity and acknowledgement of the difficult work at hand.

Media is a critical tool in capturing public support and coalitions are cost-effective in an increasingly expensive arena of statehouse lobbying. Consolidating resources can yield greater media coverage and outreach. Members can write letters to the editor or opinion editorials (Op-Ed) to highlight a particular message. Coalitions have greater clout in meeting with editorial boards of newspapers. A broad, statewide coalition has a deeper reach than any one organization alone would have.

Social media can provide an inexpensive way to get the message out. Members can create videos and post to YouTube and Facebook for instant outreach to multiple constituents. The coalition should provide guidance to its members so messaging is consistent with the guiding principles of the group. Videos should be kept short to maximize the likelihood people will watch them and forward them to legislators with their own personal messages. These media shouldn't be underestimated as they can reach thousands of supporters quickly.

It's never too late to form a coalition and become an active leader in shaping its direction. While some of today's successful coalitions had their beginnings years ago, others are younger. The important point is to be part of one.

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Public Policy: Reports from the Policy Front

by Katherine Berland, Esq.

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

Highlights from ANCOR's Washington Insiders Club (WICS)

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

significant reports of the last several months.

HELP Committee Approves RAISE Act

(November 23) On November 18, the Senate Health, Education, Labor, and Pensions (HELP) Committee unanimously passed the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act (S. 1719). The bill would create an advisory panel to develop a national strategy to support family caregivers that would offer advice and recommendations on how to implement policy in this area. ANCOR supports the legislation, which was introduced in the House over the summer. Read more [here](#).

PACE Demonstration Legislation Signed into Law

(November 23) On November 5, President Obama signed into law a bill that allows the Center for Medicare and Medicaid Innovation (CMMI) within CMS to establish PACE demonstrations that include individuals under age 55. The Programs of All-Inclusive Care for the Elderly (PACE) provide medical and social services to certain frail, community-dwelling elderly individuals, most of whom are dually eligible for Medicare and Medicaid benefits. An interdisciplinary team of health professionals provides PACE participants with coordinated care. For most participants, the comprehensive service package enables them to remain in the community rather than receive care in a nursing home. Read more [here](#).

NCI Releases Staff Stability Report

(November 19) On November 13, the [National Core Indicators](#) (NCI) released the 2014 Staff Stability Report, which compiles survey data taken from provider agencies regarding the direct support professional (DSP) workforce. Read more about some initial findings. Read more [here](#).

ANCOR Analysis of Medicaid Access Rule Available

(November 16) On November 2, the Centers for Medicare and Medicaid Services (CMS) issued final rule [RIN 0938-AQ54](#), "Methods for Assuring Access to Covered Medicaid Services". (See WICs article, "[ANCOR Applauds CMS Release of Long-Awaited Medicaid Equal Access Rule](#)," November 2, 2015.) The rule seeks to ensure that Medicaid beneficiaries under state plans, including those covered by 1915(i) and 1915(k) state plans, will have access to covered services to the same degree as the general population as required by the Medicaid access provision contained in Section 1902(a)(30)(A) of the Social Security Act. The rule sets forth certain requirements that states will use to assess their systems, and includes timeframes for evaluations, guidance on services and metrics to be included, and requirements for public input. Notably, the rule does not address the access of beneficiaries to either Medicaid managed care programs or HCBS waiver programs. Read more [here](#).



Budget Deal Includes Stiff Penalties for Medicaid Providers

(November 13) Tucked away in the Bipartisan Budget Act of 2015, the budget framework agreed to by Congress and signed into law by the President earlier this month, is a provision that would significantly increase the penalties for some healthcare providers that are found to have committed regulatory violations. The provisions appear to cover nursing homes, and would mean that daily penalties for noncompliance with Medicare and Medicaid rules could increase significantly. The budget deal would require that current penalties be adjusted for inflation. For some penalties, the maximum level has not been changed for nearly two decades. Penalties under the False Claims Act are also subject to this provision. Read more [here](#).

Congress Works Out Budget Deal

(October 28) On October 27, Senate and House leadership announced a budget deal that would provide relief from sequestration and raise budget caps for discretionary programs in FY 2016 and 2017. It would reallocate funds to the Social Security Disability Insurance fund which will permit it to remain solvent through 2022, avoiding across the board cuts of nearly 20 percent that the fund was facing starting in 2016 absent action. The compromise also includes the raising of the debt ceiling until early 2017. Medicare Part B premiums will not increase for approximately 70 percent of beneficiaries despite increases in Medicare costs. Read more [here](#).

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Articles

The 2015 Tech Summit & Showcase - Bigger and Better Every Year

by Gabrielle Sedor, CAE

Hundreds of ANCOR and AAIDD members spent two days outside of Denver learning how they can better utilize technology.

For the last five years ANCOR has connected with the Coleman Institute for Cognitive Disabilities to address the rights of people with cognitive disabilities to technology and information access. This year, we partnered with the American Association on Intellectual and Developmental Disabilities (AAIDD) to co-host the **2015 Technology Summit & Showcase** held in conjunction with the Coleman Institute's own technology conference.

Hundreds of ANCOR and AAIDD members and others spent two full days outside of Denver, taking in the inspirational message of Coleman's keynote speaker Timothy Shriver, Chairman of the Special Olympics; celebrating some of ANCOR's own members — like Bonnie Jean Brooks of OHI — for their commitment to the Declaration of the Rights of People with Cognitive Disabilities to Technology and Information Access; and learning how they can utilize technology both on an operational and person-centered level at their own organizations.

By zeroing in on "**Advancing community participation, independence and systems sustainability through the use of technology**" as a strategic priority for 2016-2018, ANCOR reaffirms our commitment as a drafter and one of the first signatories of the Declaration.

Look for more technology-focused webinars and other educational offerings in 2016, including recaps of some of the Technology Summit's most popular sessions. Also, save the date now for the 2016 Coleman Institute Conference on Cognitive Disability and Technology and our Technology Summit & Showcase, which are set to happen October 6 and 7 in Colorado.



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Shaping the Environment of Long-Term Services and Support and Health Care

by Angela King, CEO & President of Volunteers of America and ANCOR Board Vice President

This level of change is daunting, but necessary to insure the sustainability of critical supports for people with disabilities.



We hear a lot about the integration of health care and long-term care services these days. Some states are rushing toward fully integrated solutions, while others are expanding their contracts with Managed Care Organizations to handle all acute care and behavioral health. In fact, there are many experiments in healthcare today; sometimes it's even difficult to figure out what services or supports we are really capturing under the term "integrated care."

One thing is certain: there is a growing trend to consider all services funded by Medicaid in one bundled, capitated payment as states struggle to predict and control costs.

There are numerous issues to be addressed in this changing world, but I believe there are a couple of underlying principles to be considered. The first is the emergence of health care as the payer of long-term services and supports. In a system that is largely predicated on "encounters," defining the value and costs of the longest of long-term services, (which represent the majority of supports provided to people with disabilities), is daunting and will require advocacy and diligence to insure that the cost of care is reflected in new payment models.

The second issue is the ability to be paid for performance, which includes defining meaningful outcomes and taking financial risk. Having the technology systems and professionals in place to track our outcomes and insure data based decisions will require us to develop new proficiencies and shift, at least a part of our focus, from individuals and their lives to the evidences reflected by our data. As providers who have been in charge of our entire service array, we increasingly find ourselves working with larger healthcare systems/MCOs as subcontractors. We must understand emerging models of integrated care, like PACE or other capitated models, and where our expertise fits in the larger Medicaid structure. For the sake of the people we support and their desire to be full participants in our communities, we must educate ourselves and advocate for a system that represents these ideals and is realistic in a world of finite resources.

At this point in my career, this level of change is daunting, but I believe necessary to insure the sustainability of critical supports for people with disabilities. Working through ANCOR, I believe we can favorably impact our future and I invite you to participate in this process of change; it's going to take all of us.

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Assistive Technology and Waiver Programs in Maine

by *Mary Lou Dyer, Manager Director, MACSP, an ANCOR Member*

Maine is on its way to the next phases of a strong community inclusion system.

Members of the Maine Association for Community Service Providers (MACSP) are very excited about developing and expanding the use of technology to improve the lives of thousands of people with disabilities due to a number of reasons including age, intellectual disabilities, and autism as well as other causes. Maine has five home and community based waivers that include assistive technology as a Medicaid covered service. There is a waiver to support people with brain injuries (Section 18 MaineCare Benefits Manual); one to support people who are elderly or adults with disabilities (Section 19); two to support individuals with intellectual disabilities and autism (IDD and autism) (sections 21 and 29 which vary on limits to services); and one to support adults with other related conditions (Section 20 which includes people who are not eligible for sections 21 and 29 with conditions such as cerebral palsy, for example).

Approximately, five years ago the Maine Department of Health and Human Services (MDHHS) convened a work group to explore and develop an array of assistive technology services. The conversations were broad and exploratory looking at other states' services and working with vendors. Then as part of the waiver application for other related conditions, MDHHS made its first request to CMS to include assistive technology. The waiver is the result of the settlement of a law suit by individuals who were young adults living in nursing homes due to the lack of availability of other appropriate supports. With the CMS approval of this waiver (section 20 above), young people moved out of nursing homes and are now living in specially designed variations of "smart houses". Once section 20 was approved, the work flowed to section 18, section 19, and finally, last year, sections 21 and 29 which support people with IDD and autism.

We are pleased that our waivers include assessment of need, acquisition of assistive technology, selection and maintenance of the technology, and home support-remote support (both monitoring and interactive). Among the five waivers there are some variations of covered services and differences in limits and caps. The MDHHS has shown a willingness to amend the waivers to accommodate needs that were not anticipated before implementation. We are definitely working in partnership to improve the ability to provide assistive technology and to authorize MaineCare as a payment source.

Over the years, Maine providers have benefited greatly from the annual Coleman Institute/ANCOR sponsored technology conferences in Colorado. So much so, that MACSP bravely sponsored its own Technology Conference on November 4th and 5th of this year. We were able to attract Peter Blanck, Ph.D. and J.D., University Professor at Syracuse University, as the keynote speaker as well as other national and state speakers. In a strong show of support for technology in the lives of people with disabilities, Commissioner Mary Mayhew, MDHHS, kicked off the first day of the conference expressing strong support for the new technology. On the second day of the conference, Gary Wolcott, director of the Office of Aging and Disability Services, started the second day of the conference with a quick historical perspective of this important work.

Maine is on its way to the next phase of a strong community inclusion system.

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A History of ANCOR: Federal Funding Resources for Individual Members

by Joni Fritz

Former CEO and longtime friend of ANCOR Joni Fritz chronicles the history of our association in the third and final installment of a three part series.

This article is the third installment of a three-part series that documents the history of the American Network of Community Options and Resources (ANCOR).

The early 1970s were an exciting time for the field of "mental retardation and developmental disabilities." The so-called "deinstitutionalization" movement was new and new federal funding streams were made available to facilitate the expansion of community living arrangements. ANCOR was fortunate to be in the thick of new program development. We were all learning and moving forward together, helping each other as we progressed.

Medicaid and Social Security Programs

When ANCOR was formed as NAPRFMR in 1970, the Social Security's program of Supplemental Security Income (SSI) was relatively new. It supplemented and replaced state funding resources for people with developmental disabilities. Medicaid was also a new resource. Passed in 1965, its provisions were still being phased in. As a member of the Consortium for Citizens with Disabilities (CCD), ANCOR joined other national organizations in influencing the implementation of the Medicaid program of Intermediate Care Facilities for People with Intellectual Disability (ICFs/ID — then identified as Intermediate Care Facilities for People with Mental Retardation). Some advocates in Washington feared that reliance on what was essentially a medical program would negatively influence the lives of people with disabilities. There were some tense moments behind the closed doors of CCD Medicaid Task Force meetings as agreements were hammered out or participants "agreed to disagree" in some policy areas.

Thanks to the leadership of **Dr. Wayne Smith** at what is now the Center for Medicare and Medicaid Services (CMS), along with strong advocacy from **Bob Gettings** and the National Association of State Directors of Developmental Disability Services (NASDDDS), ANCOR and its members played an instrumental role in drafting ICF/MR rules that would facilitate the development of small group living arrangements using this important funding stream. Dr. Smith took unprecedented steps to involve the disability field in reviewing early drafts of the proposed rules, swearing members of the CCD Medicaid Task Force to secrecy regarding the contents of the draft. At the beginning of these discussions The Arc was strongly opposed to using the ICF/ID program to support people with intellectual disabilities, fearing it would be too strongly controlled by medical and institutionally-oriented professionals.

The Medicaid "nursing home" program was designed originally for "institutional care," but with flexible use of the Social Security Administration's definition of an institution — which in turn came from the NFPA Life Safety Code 101 — "institution" was defined in the new rules as a place where as few as "four or more people unrelated to the owner or operator" would live. This was a huge departure from existing nursing home settings and when the ICF/ID program was implemented it included the incorporation of community living arrangements for as few as four people. Minnesota was a state eager to use the new program to expand the development of community residences, and ANCOR Vice President Peter "Skip" Sajevic (later a president of ANCOR) played a key role convincing Smith and others that 24-hour responsibility for individuals' lives should be similar to that performed in good parenting rather than eyes-on oversight 24 hours a day. These kinds of changes convinced many advocates in the field that the ICF/ID program could support small, non-medically oriented living.

The Social Security Administration's Title XX Social Services program was also a major early federal resource to fund community supports for people with disabilities. ANCOR advocated for the use of this funding stream in community settings and supported increases in federal appropriations, but as the use of Medicaid increased this became a less important resource.

Housing and Urban Development

At the beginning of this discussion of ANCOR's history, we mentioned that members used the Department of Housing and Urban Development's (HUD's) Section 202/8 program to develop new housing for people with intellectual disabilities. One of ANCOR's early Board members was a woman from Michigan named **Mary Wagner**. She had a child with disabilities who was reaching age 18 and no longer would be eligible for educational services. She sought a way to provide a home for him and his friends. Instead of supporting these young adults at a single site, she used funding from HUD to construct a number of individual group living arrangements - one of the first in the country, if not the first, to do so. The HUD Section 202 program for people who were aging or disabled had not only construction funding but Section 8 support for each eligible individual who lived in the housing. This paid expenses associated with paying off the low-interest mortgage and for operational costs associated with the living arrangement as well. Traditionally, this program had been used to develop high-rise apartment buildings for people who were aging and disabled to live in together. Mary and others envisioned something quite different, preferring to establish smaller homes within local neighborhoods. At first, each of the new homes was constructed for 15 people. That number was not pulled out of a hat but was derived from NFPA Life Safety Code language that permitted fewer than 16 unrelated people to live together in home-like housing that did not require institutional construction or safety features. The result at first, however, was the construction of large group homes (officially board and care homes) located in residential neighborhoods.

Joni Fritz chaired the CCD Housing Task Force which sought to influence the development of Section 202 regulations to enhance the development of smaller community housing. NFPA Life Safety Code changes which, as mentioned earlier, were also promoted by ANCOR facilitated this process. HUD officials eventually became convinced that smaller homes were more easily integrated into existing neighborhoods, and would be more viable, attractive alternatives should an agency default on its HUD loan. Smaller homes also generated less community resistance, and new provisions of the Federal Fair Housing Act thwarted most attempts to deny people the right to live in local neighborhoods.

Education and Rehabilitation Services

While ANCOR's initial focus was on residential supports for people with disabilities, over time members began offering a wider range of supports and this spread to programs within the Department of Education, including those under the Rehabilitation Services Administration. While **Stephen Bennett** of California was President, ANCOR contracted with attorney **Jack Duncan** to advocate for us on the Hill and with federal agencies. Jack's experience as a congressional staffer and with education and rehabilitation programs greatly enhanced our role in these areas of the federal government. Jack also helped us arrange the first of ANCOR's annual Congressional Receptions. Eventually ANCOR had the resources to hire full-time staff support and **Suellen Galbraith** became our first Director of Public Policy, assuming and enhancing the role provided by Duncan Associates. She was later joined by **Jessica Sadowsky**, and when Suellen retired **Barbara Merrill** became Vice President of Public Policy, assisted by **Katherine Berland**, Director of Public Policy. When Barbara became CEO of ANCOR at **Renee L. Pietrangelo's** retirement, **Esme Grant** was hired as Senior Director of Governmental Relations.

The participation of private providers offered a necessary balance as federal programs emerged and evolved, and the ANCOR role in this development should not be underestimated.

Afterthoughts

In writing about ANCOR's first decade I have been particularly struck by three things:

First: Name changes of even federal agencies and departments, but more particularly among national advocacy organizations, trade associations, accreditation programs and member agencies themselves. Of those I have mentioned in writing about the early history of ANCOR I can think of only three federal groups that remain the same: The U.S. Departments of Labor and of Housing and Urban Development, and the National Fire Protection Association. We watched as our member Handicapped Village became Opportunity Village, as Opportunity Housing, Inc. was reduced to simply OHI, and as The School of the Chimes was shortened to just The Chimes. Along with many others these reflected philosophical changes as well as changes to the variety of supports agencies were providing. I believe these changes are important to chronicle. They are indicative of the dramatic and constant change that has occurred in our field over the past 45 years.

Second: The influence ANCOR has had on the positive direction taken by private providers nationwide in the delivery of their supports for people with disabilities. I attribute this to the trust and respect they have for each other as they exchange information about the most effective methods of providing services, and their willingness to change in order to improve opportunities for people with disabilities.

Third: ANCOR's influence in Washington at the time federal programs were undergoing dramatic change, which enabled providers to influence their growth and development to more effectively support people with disabilities in their own homes and in other community settings.

There is nothing to indicate that these things will change. Instead there is every reason to believe that ANCOR remains at the cutting edge, continuing to influence the direction of public policy and enabling its members to roll with the punches in hard times, while constantly improving the quality of life experienced by the people they support. This is not, and probably never will be, a static field.

Thanks to Manny

We would like to close this chapter of the early history of ANCOR by crediting **Manny Hall** with using his people skills and instincts to obtain federal funding and give ANCOR a firm footing. In addition, without his introductions to people in CCD organizations, federal agencies and leading providers in the states, Joni Fritz could not have succeeded in running the association after his departure.

This is the third and final installment of a three-part series about the history of ANCOR.



Blast from The Past: People with Disabilities at The Polls

To commemorate ANCOR's 45th anniversary, this year we're publishing news from the past. The following posting is an excerpt from the November 1986 issue of ANCOR LINKS.

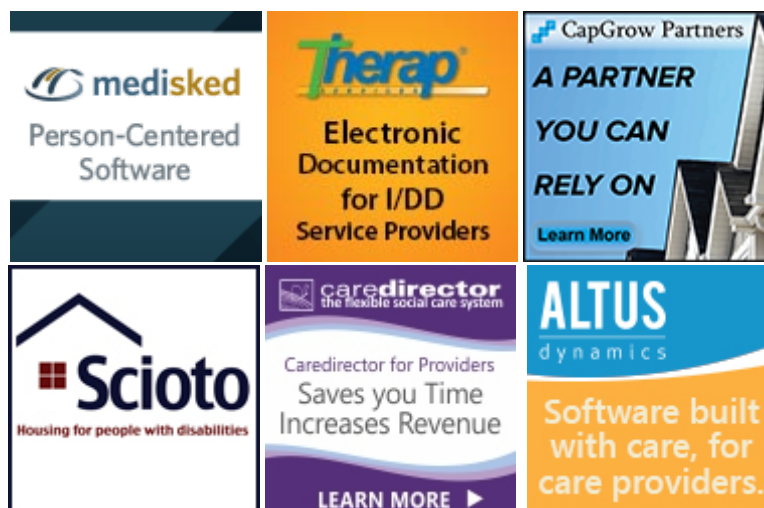
To commemorate ANCOR's 45th anniversary, this year we're publishing articles from some LINKS issues of the past. The following posting is an excerpt from the November 1986 issue of ANCOR LINKS.

People with disabilities have faced devastating disincentives to voting. "We've been made unwelcome. The attitudinal, administrative and physical barriers make voting more difficult for us than a poll tax. Impossible registration procedures, little or no information on where, when and how to vote, run-arounds, inconvenient voting places, all have hindered our exercising this precious constitutional right," states Justin Dart, a national leader in the disability field.

There are an estimated 20 million eligible voters who are disabled. Most of them do not exercise their franchise. There are many reasons for this, such as the absence of ramps at voting places, the absence of ballots in braille, the absence of interpreters for persons who are deaf, voting machines that are not easy to use, signs that cannot be seen clearly because of small print, instructions that cannot be read. Many of the nation's 188,600 polling places are not accessible. People with disabilities in many jurisdictions have been discouraged from registering and voting.

Recognizing that America's largest minority — persons with disabilities — must be included in the election process the U.S. Congress, in 1984, passed the Voting Accessibility for the Elderly and Handicapped Act. Its purpose is to "promote the fundamental right to vote by improving access for elderly and handicapped individuals to registration and polling places for federal elections." The law obligates election officials at all levels of government to provide special services for people with disabilities after December 31, 1985. Because there is no financial assistance provided under this legislation, the burden falls squarely on state and local election officials to develop and implement accessibility programs.

The 50 state election offices and 13,000 local election offices charged with administering election needs and seek guidance on how to assist and relate to disabled voters.



Member in The News

CAU Honors Those Who Help The Agency Serve Others

ANCOR Member celebrates some key players in their community who support people with disabilities.

Community Access Unlimited (CAU) recently honored three community partners at the agency's 2015 Annual Gala Dinner Dance, which was attended by more than 620 members of CAU, their families, agency staff and community partners and supporters. Those honored help CAU fulfill its mission of enabling its members to live independent lives within the greater community. These honorees include Union County Sheriff Joseph Cryan, who received the Public Leadership Award; Pastor Howard Bryant. Recipient of the Humanitarian of the Year Award; and the Financial Literacy Program at Valley National Bank, which received the Ira Geller Award.



Above: Blanchard presents Pastor Howard Bryant with the Humanitarian Award.



Above: Blanchard and board member Karen Ensle present Union County Sheriff Joe Cryan with the Public Leadership Award.



Above: Bernadette Mueller, senior community reinvestment act officer & executive vice president at Valley National Bank, accepts the Ira Geller Award on behalf of the bank from Sid Blanchard, executive director of Community Access Unlimited (CAU), and Harold Poltrock of the CAU board of advisors at the agency's annual Gala.

"Community Access Unlimited cannot achieve our goals of enabling our members to live fulfilling and integrated lives within the community without the support of community partners such as those we are honoring tonight," said Sid Blanchard, CAU executive director.

Cryan was sworn in as Union County Sheriff on January 1 after serving as administrative undersheriff for 11 years. Cryan also served in the New Jersey Assembly representing the 20th district for 12 years and as Majority Leader for two years. He has been an avid supporter of CAU during his time as an assemblyman and now in his role as county sheriff.

"I am honored and humbled to receive this award," Cryan said. "I don't think there's a greater organization in the state of New Jersey than Community Access. I'm not at all shy to say that Sid Blanchard is a hero of mine for the work this organization does. The people who work at Community Access do things others won't do and I'm privileged to be part of this evening."

Bryant has dedicated his career to helping others, both inside and outside the church. In addition to leading multiple churches in California and New Jersey, he has been the executive director of the National Black Presbyterian Caucus, Protestant Campus Minister at Kean University, coordinator and instructor of the Arthur Ashe Safe Passage Foundation Tennis Program, and the organizer and administrator of Achieve to Excel, an after-school program. Most recently, Bryant has taken a leadership position within the Union County Interfaith Coordinating Council, which was spearheaded by CAU.

"Being associated with CAU, it reminds me what I'm called to do — be a minister of the gospel," he said. "I'm awed by how this organization reaches out to those who otherwise would not be embraced. I'm honored to be involved with the Interfaith Council, encouraging people to embrace people with disabilities. Everybody is important and needs to have a role in society."

The Ira Geller Award is presented to a person or organization with a significant commitment to CAU that best reflects the concept of volunteerism. Through its Financial Literacy Program, Valley National Bank educates youth and adults in the community about the importance of financial literacy and awareness, including members of CAU at its Academy for Continuing Education.

"We're extremely honored to receive this award," said Bernadette Mueller, senior community reinvestment act officer and executive vice president at Valley. "It's very moving meeting CAU members and seeing the impact our work has on the people of this organization. We're very committed to all the communities we serve and look to enrich the lives of those around us."

Audrey Vasey, president of the CAU board of trustees, said about the evening, "It's a celebration of individuals and organizations that share our values. It's also a way to thank our supporters and partners for their ongoing support of our members and our programs and services."

About Community Access Unlimited

CAU is a statewide nonprofit based in Elizabeth, NJ that provides support programs and services to more than 6,000 adults with disabilities, as well as youth served under the Department of Children and Families (DCF) to enable them to live independently in the community, in areas including vocational and life-skills training, education, advocacy and recreation and in-home services.



From Our Partners

Manage Change Successfully and Benefit From Improved Outcomes

by Dermot Styles, CareDirector, an ANCOR Gold Partner

Change management is key to successful outcomes in our communities.

"The world as we have created it is a process of our thinking. It cannot be changed without changing our thinking."

~~ Albert Einstein

As a proud ANCOR Gold Sponsor, the CareDirector team listens to ANCOR members when they talk. Because of this, CareDirector recently hosted a webinar that focused on the challenge of offering high-quality services, while meeting ever changing and increasing demands for information from funders and policy makers.

Some of the key points from the webinar:

- First the Olmstead Act, then HIPAA and the Workforce Innovation and Opportunity Act have significantly changed the way ANCOR member organizations operate and relate to the people they serve. Some states are further ahead than others in implementing specific regulations, and billing requirements change frequently. In this environment, it is vital for effective organizations to implement software with the flexibility to easily respond to new reporting and outcome-based funding expectations.
- Employment programs include a broad spectrum of services, especially in the age of Employment First. No two people are the same, and managing the different needs of individuals, families, employers and providers successfully over time requires flexibility from both program staff and the software you use.
- Improving outcomes means involving the whole care team, all the time. The right technology communicates information across the whole organization, turning information into actionable intelligence.
 - Track people across employment, residential, day and home based programs, and across jobs, employers, locations, tasks and time
 - Manage evolving employment goals, plans and progress over time
 - Track employment activities, classes, events, trainings, referrals, and authorizations
 - Manage evolving billing requirements
 - Deal with the demands of Managed Care

The Flexibility to Evolve Out of Data Silos

ANCOR member organizations are concerned about outcomes, and are examining the elements and steps necessary to generate positive outcomes for every individual they serve. Quality outcomes are granular in nature. The goal is to understand outcomes in near real time, rather than only tracking rear-view outcomes.

Reaching that level of organizational performance requires organizations to put quality business processes in place. Managers don't need big data; they need actionable data for performance improvement. As budgets get tighter, successful organizations will also depend on technology to automate tasks and processes to make staff operations more efficient- or risk losing significant financial support.



One new CareDirector customer illustrates this current environment well.

The agency is a non-profit with 300 employees that equips people with disabilities with tools and resources they need to lead self-determined lives. They have complex financial management needs. The agency needed to integrate data across traditional administrative silos including finance, accounting, human resources, payroll, inventory management, job costing and case management. Many of their existing enterprise systems were internally developed, and were not viable for further long term use and support. As they consolidate and eliminate internal systems using CareDirector, outcomes expected include:

- Automation and single point of entry for time and attendance, billing and payroll for employment and other services, saving time and increasing accuracy
- The ability to track employment goals in real time, and the ability to measure change and improvement across goals, programs, employers and providers
- 20% time saving per month for supervisors and managers
- Increased compliance with incident reports and risk management policies
- Better visibility across the organization so staff can easily share and collaborate

Now is the time

This is an exciting and challenging time for ANCOR member organizations. CareDirector can help you navigate those challenges and create successful outcomes for your organization and the people you serve. The CareDirector team is available to learn more about your organization and your particular needs, and discuss the opportunity to integrate services, production and

finance to help you improve outcomes, save money and successfully meet future challenges.

Please reach out today for more information on our [provider solutions](#) or request a callback [here](#). Visit our latest [Webinar: *Employment First - Providing Quality Services in a Sea of Change*](#).

*Author LINK: **Dermot Styles** handles marketing for CareDirector, a global social vendor providing human services solutions that enable the public to fully participate in and direct their own support. Dermot can be contacted at dstyles@careworks.ie.*



Five Must-Ask Questions When Interviewing a Direct Support Professional

by Stefanie Gause, Altus Dynamics, an ANCOR Partner

Here's a list of core questions for reference if you're hiring new support staff.

It takes a lot of work and skill to become a [great Direct Support Professional](#). It also takes a lot of work to hire a great Direct Support Professional. The interview is the most important stage of the hiring process as it's where you see if the individual has the personal touch needed to effectively care for your organizations clients. To help ease the hiring process at your organization, we've made a list of the 5 must-ask questions in a Direct Support Professional interview:

"Tell us of an incident that truly tested your ability as a Direct Support Professional."

Rationale: With this behavioral question, you can get an idea of a person's past behavior which should be predictive of their future actions as an employee at your organization. If they have no experience as a community support worker, ask about a time that they successfully calmed a difficult situation. For the answer, a great candidate's response should include the specific actions they took, all while keeping calm and client wellbeing priority.

"If you were delivering personal care to a client, how would you go about your duties while keeping their dignity and respect?"

Rationale: Not only does this question provide you (the interviewer) with insight into the candidate's situational behavior, but it also gives you the opportunity to understand how deeply they know the role and its responsibilities. The main components of their answer that must be taken into account are their ability to do the job empathetically, encourage the individual, while offering support through open communication.

"If a client was being difficult or displaying aggressive behavior while receiving care, what would you do?"

Rationale: Situational questions are crucial in Direct Support Professional interviews. With this being a potentially common issue for your staff, the candidate's response must be in line with your organization's practices, while also being ethical and permitted by legislation.

"How important do you think a Direct Support Professional is to the client? Why?"

Rationale: Although this is a slightly more open-ended question, the candidate's response should be indicative of their character. In their response, a successful candidate would answer with a focus on values such as compassion, empathy, and friendship.

"Why do you feel that you are well-equipped to handle the responsibilities of a Direct Support Professional?"

Rationale: This question is relatively open-ended; however, the things you should be looking for are desirable personality traits and experience. For a candidate to become a successful employee, they need to have various interpersonal skills and technical certifications that are consistent with those of a great community support worker. The key takeaway here is that a successful candidate should be able to articulate what it is about them that makes them the best fit for the position.

Want to use these questions and more in your next interview? Download the complete [Direct Support Professional Interview Guide](#) and start hiring great staff!

Author LINK: Stefanie Gaus has always had a passion for the non-profit and public sectors with several years of experience in the education, community living, and social services industries. You can follow Stefanie on [Twitter](#) and connect with her on [LinkedIn](#).



ICD-10 Transition in Review: One Month Later

by Stephen Flanigan, Therap Services, LLC, an ANCOR Gold Partner

A review of and update on the transitions to the expanded ICD-10 code sets for ANCOR provider members.

As many of you know, the transition to ICD-10 this month had been much dreaded by accounting offices across the Medicaid billing field. The launch was delayed by a year, but it looks like that extra time paid off: the first month has been a success overall. CMS has released its initial review of the data through most of October and the worry of denied claims that kept many of us worried about cash in-flow at the start of the month seemed to pass. The findings are published [here](#).

Nearly 4.6 million claims were reported submitted per day under the new ICD-10 coding system, and of those, approximately 4,100 were denied due to invalid ICD-10 codes. Considering the new specificity of these codes and that general crosswalks weren't an option with the structural differences, new diagnoses and multiple potential new codes that could correspond with an old ICD-9 code, this is quite an achievement in our field!

Overall, only about 10 percent of total claims submitted this month (through the 27th) were rejected, though far more were denied for invalid or incomplete information (2 percent) than invalid ICD-10 codes in particular (0.09 percent).

The new system of coding isn't just an update of ICD-9 but structurally different as well. There are more than five and a half times as many unique codes (70,000 in ICD-10, as opposed to just 13,000 in ICD-9) and nearly thirty times as many procedural modifiers (87,000 in ICD-10, just 3,000 in ICD-9). New modifiers much better address methodology and approach, with detailed descriptions allowing for specific body parts and laterality. There is increased flexibility and ability to expand these diagnoses. Hopefully, there will not be a need for ICD-11 for quite some time.

To find out how Therap has worked with providers to help with this transition, click [here](#).



Finding Health Coverage Solutions for Part Time or Low Income Employees

by Sylvia English, BeneStream, an ANCOR SRPN Partner

Free health coverage for part-time employees and an evergreen option for low-income workers -- What's the catch?

Many employers have faced new health coverage mandates since the introduction of the Affordable Care Act. The majority of these have focused on the full time work force, leaving part time and lower income employees struggling to find a way to access health care coverage. Part time and lower wage employees contribute to the success of American nonprofits and businesses, so it's important to retain them as employees, and there are few greater incentives for staying with an employer than the availability of affordable, quality health insurance.

The reality is that providing health coverage for part time employees places undue burden on the nonprofit structure. Such coverage is not mandated, leaving our compassionate sides wishing we could offer coverage, but our business intuition telling us this is an unnecessary expenditure.

There is hope on the horizon — new services exist that will guide your part-time employees through state or federal health care insurance exchanges. Then, the exchanges provide subsidized health care coverage for your part-timers — **at no charge for both employers and employees.**

Free Health Coverage for Part Time Employees- What's the catch?

You must act today. These guides are only available to help part time employees during open enrollment on the health exchanges. To ensure access to these exchanges for your part time employees, reach out to your local exchange guide by December 1, this will give you and your employees enough time to get covered before the exchanges close on January 31, 2016.

An Evergreen Option for Low Income Workers

Another way nonprofits can stay in the black when it comes to budget whilst showing your employees that you care is through Medicaid Migration. This type of service will screen your low income employees for Medicaid eligibility and act as a concierge to get your eligible employees enrolled in the government benefits they are entitled to- Medicaid, CHIP, and SNAP included. Medicaid enrollment services are advantageous for both employee and employer:

- Employees receives free insurance with little or no copays and deductibles, providing comprehensive coverage for themselves and their families.
- Enables employees to experience less stress related to the daunting Medicaid application process or the risks associated with being uninsured.
- Employers see improved employee loyalty and productivity, and a reduction in turnover all of which helps nonprofits achieve their mission more efficiently.
- Employers see reduced health coverage costs with fewer people to cover.

There are health coverage solutions available that allow nonprofits to meet strict budget requirements AND help out your hard working part time or lower income employees.

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Migration company and ANCOR SRPN Partner. Sylvia can be contacted at sylvia@benestream.com.



Member Benefits

The ANCOR Marketplace Benefits You!

The ANCOR Marketplace gives ANCOR members special insight into new products and services as they appear in the I/DD marketplace — products and services that will help grow providers' businesses.

The **ANCOR Marketplace** (www.ancormarketplace.org) is an easy to navigate site that gives ANCOR members a special insight into new products and services. The various offerings are conveniently categorized, which makes shopping for I/DD products, such as software systems, housing solutions, merger and acquisitions prospects, insurance services and more, a smooth browsing experience.

The **ANCOR Marketplace** also features customer reviews and testimonials by other I/DD executives, thereby helping providers evaluate their choices.

Find out more about the **ANCOR Marketplace** — contact ANCOR's Development Director, Marsha Patrick (mpatrick@ancor.org).



Did You Know: Medline and Sears?

Check out these special offers for ANCOR members!

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



Did You know that [Medline](#) offers significant cost savings on latex gloves and diapers?

[Click here](#) for details...



Did You know that [Sears](#) is offering free delivery on the initial order of any ANCOR member that tries the program for the first time? [Click here](#) for details...



SRPN: What Members Are Saying...

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

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

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

Charlie Hooker, Keystone Human Services

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



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