NAC Central: Back to the Future with Direct Support Professionals

In the popular 1980’s film *Back to the Future*, Marty McFly takes Doc Brown’s time machine back to 1955, becoming the first teenager to get in trouble before he is even born. A simple message emerges amongst Marty’s various adventures: history dictates who we are.

Unless you have your own flux capacitor (a subtle reference for the movie buffs), you cannot travel back in time to change history like Marty McFly did. You can, however, study history to better understand who you are, where you came from and how to put your best foot forward.

ANCOR’s National Advocacy Campaign (NAC) leadership understands the value of looking back and the importance of understanding its roots. The National Advocacy Campaign was founded in 2001 to advocate for the direct support workforce through public education and a legislative agenda. The NAC was a new, bold venture for ANCOR and, as a result, each of its early steps were carefully choreographed to advance the issue while winning member confidence.

Over the past few years, the NAC has built significant momentum with a series of successes—public airings of the issue, growing support on Capitol Hill, an expanding grassroots network of supporters, strong national partnerships, steady financial support from ANCOR members, etc.

While the NAC has built a strong foundation for 2007 and beyond, a strategic analysis of the campaign’s history reveals that there are things that can and will be done better. The NAC can and will make its messages resonate better with diverse audiences. The NAC can and will continue to grow its grassroots support. The NAC can and will secure additional strategic partnerships. The NAC can and will win more champions on Capitol Hill. The NAC can and will give you more resources to use at the local level.

These are all things the NAC already does. We will just do them better. How? Going back to where we started—

ANCOR Foundation

Second Leadership Institute Proves a Transformative Experience

Funding Our Way to a Brighter Future!

News Briefs

(continued on page 2)
ANCOR Leadership

ANCOR’s 2007 Officers, Directors, State Representatives and Association Executives – along with contact information – can now be found on the ANCOR web site.

- Visit ANCOR’s home page
- Highlight ABOUT ANCOR
- On the menu that appears, click on LEADERSHIP
- Then click on the pdf of ANCOR Leadership.

Visit us on the web ... www.ancor.org

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The Practice of Diversity

Certainly in our line of work, we’re comfortable with the concepts of diversity and inclusion. Diversity is, of course, defined by many factors, including culture, generations and perspectives that can inform and fundamentally improve the dialogue in our organizations and improve the quality of the supports and services we provide. The end results of increased diversity are better decisions and better services.

It’s easy to say we want to be diverse and inclusive. When we look hard at what we have actually done to support the concept, what do we see? While there are many proud exceptions in the provider community, too often it is clear that while we have not knowingly done anything to negatively affect diversity, we have not done as much as we might to actively advance it into the way we work and make decisions.

It’s vitally important to surround ourselves with diverse perspectives, opinions, experiences, cultures and beliefs. The dialogue will be that much richer and the decisions that much more well informed.

What will have a true impact is making clear that we value diverse, even minority, opinion as much as we value majority perspectives. We will see the positive effect when we live the idea that, in fact, even where minority opinion does not prevail, we understand that its inclusion brings real value to the majority opinion. We need to be honest about how far we have to go. Our goal should be to learn, adapt and improve the practice of diversity at ANCOR and in the provider community as a whole.

AIRES Gives LINKS New "Stars"

Our thanks to AIRES in Prescott Valley, AZ for giving LINKS its latest masthead "stars" Rob Britton, DSP, and consumer Glenn.

Do you have a photo of a DSP with a consumer you’d like to see on the LINKS masthead? If so, please contact Marsha Patrick mpatrick@ancor.org.
Therap Services is soon going to release its 7.0 version. The major release is going to feature a number of new application modules as well as enhanced versions of existing applications. The additions made in 7.0 will include – ISP, ISP Program, ISP Template Library, Supported Employment Wage and Price Rate Tracking, Attendance Tracking, Staff Scheduling, T-Notes, Enhancement to Therap Calendar, Printable Billing Form for CT.

Therap Individual Service Plan application provides with an easy way to

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Teaching strategies can be developed to improve targeted skills for individuals.

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Data can be collected to monitor the accomplishments of the skills set for the individuals.

Generating Reports:
Used to generate reports enabling to compare current progress with previous time periods and baseline date.

Export Reports:
The ISP application supports the ‘Export to Excel’ feature which allows you to view collected data on Microsoft Excel spreadsheets and perform advanced statistical operations on them as well as produce customized graphs.

Free Demo Account
Go to www.TherapServices.net and click this button DEMO ACCOUNT. Fill out and submit the form to request free demo account. Use AN37 as Code.

See Us
ANCHOR’s 2007 Management Practices Conference,
San Diego, CA
Date: March 25 - 27, 2007

Therap Services, LLC.
562 Watertown Avenue, Suite 3, Waterbury, CT 06708-2240
Phone: (203) 590-7553 www.TherapServices.net
It is not too late to register for ANCOR’s Management Practices Conference, March 25-27, in San Diego. There is a great line up of speakers and sessions and of course the fellowship and networking with your colleagues from around the country. If you have never gone to an ANCOR conference you’ve been missing out; so register today and come join us. While you are at the conference please check out the exhibitors that help support this national event to thank them and to get informed about their products and services. Ranging from books to software you can find what your agency needs in the exhibition hall! So go to the ANCOR web site and register today.

On Tuesday of the conference we’ll unveil a renewed National Advocacy Campaign brand and direct support professional public awareness campaign. When we first embarked on the National Advocacy Campaign we were advised to be patient and that passing legislation at the federal level is difficult. For most of us, our experience in the legislative arena has been at the state level, where it’s possible to take our ideas and see them voted on in the same session or year. Not so on the national level, where it takes time and persistence to get your message heard and to build up a sponsor base.

Let’s reflect a moment on where we have been with the centerpiece of the National Advocacy Campaign, our wage bill. We worked hard to define our objective, assemble a team and raise funds to get the campaign off the ground. We learned we had to compete right out of the starting gate. Our message was one of many in the face of terrorism, a war and political upheaval. But we got recognized, we passed the first House and Senate resolutions; we were on a roll. We introduced a bill into Congress in 2005 and reintroduced in 2006. At the same time, we developed print, television and radio Public Service Announcements and other media tools and achieved a coup in the Wall Street Journal, with an above-the-fold article by Clare Ansberry about the direct support workforce crisis.

By now we had assembled a team, had built momentum and raised enough money to be credible. The campaign became more professionally run, as we were able to hire consultants to move our strategy forward. We built partnerships and broadened our reach outside of the ANCOR family. We got hip with our foray into Internet advocacy, the American Worker Cartoon and our wristbands. We even managed to pick up a theme song along the way (Music of our Lives). We have been successful to date. It has been hard work and has cost a lot of money but most importantly our success has been as a result of a massive grass roots effort put in by all of us.

We ended the last session of Congress with 86 cosponsors signed onto the bill from 34 states. I think that’s an amazing feat. The bill, the Direct Support Professional Fairness and Security Act of 2007 (now H.R. 1279), has just been reintroduced in the House so we must rebuild that support. Most of our cosponsors were re-elected, so we should be able to quickly get them back on board. We need your help in doing so, including your direct support staff’s efforts. Contact your House member today and ask them to sign onto the bill (see the web site for the legislative action center).

One of the strengths we have as an organization is that we have all built strong relationships with our congressional staff. We need to use those relationships to continue to build cosponsor support. As impressive as the 86 sponsors from 34 states was, we can do better. With 435 members of Congress, we convinced less than 20% to sign onto the bill. We still have 18 states where we failed to get any representative support; some of those states have strong ANCOR member presence. Out of a total of 76 House members in Florida, Texas and Illinois, we were only able to get five cosponsors.

We need your help now in building the number of cosponsors from these key states.

Materials and packets are available to help you in the difficult arena of legislative advocacy. We can do it together; look at the success we’ve already achieved during one of the most challenging periods in recent history. We need EVERYONE working on this. The time has passed to rely on someone else to do this work. If we all work together, there’s no doubt we can reach our objectives. Just think how much we can improve our chances if half (255) of the members of the House of Representatives sign on to the bill!

Our team is implementing many new initiatives for this critical year in the campaign. The main strategy remains the same, however, building strong grassroots support. We are moving ahead with strategies to introduce the bill into the Senate, and are confident that this will happen. Our biggest threat right now is what we have termed “campaign fatigue.” We can’t lose interest, stop working, or stop giving. We need to make significant progress in this session of Congress. So let’s roll up our sleeves, get to work and make a difference!
ANCOR Services Corporation has established a Marketing Agreement with Philadelphia Insurance Companies.

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Raising the Minimum Wage—States Most Popular Issue in 2006

An increase in the federal minimum wage was one of the issues Congress was not able to settle before leaving for its President’s Day Recess in late February. While federal lawmakers will return to Washington, DC to determine the size of the small-business tax relief attached to bills to increase the federal-per-hour minimum wage in three stages over two years from $5.15 to $7.25, states had already begun taking action.

While Congress has not raised the federal minimum wage above the current $5.15 hourly rate since 1997, states have made strides on the minimum wage in the absence of action at the federal level. In the past two years, more states raised their minimum wages than in the 68-year history of the federal wage law. As of January 1, 2007, Vermont and Oregon had the highest statewide hourly rates in the nation at $7.80, followed by Connecticut at $7.65, Washington State at $7.63, California and Massachusetts at $7.50, Rhode Island at $7.40, and New York and New Jersey at $7.15. (State Minimum Wage Laws Over Time 1968-2006)

Raising the minimum wage was one of the most popular policies among states last year. Eleven (11) state legislatures and voters in six states boosted wage floors in 2006 above the federal minimum. Most bills proposed to increase the general minimum wage; however, others were limited to a certain occupational category or sought to impose penalties for violations of minimum wage.

Thirty-three states and Puerto Rico introduced bills in 2006 regarding their state minimum wage or considered bills that carried over from the previous session. Eleven states (Arkansas, California, Maine, Maryland, Massachusetts, Michigan, North Carolina, Ohio, Pennsylvania, Rhode Island, and West Virginia) enacted legislation to increase the minimum wage. [Note: In January 2006, Maryland overrode the governor’s veto of a 2005 bill to increase the minimum wage to $6.15 and in July 2005, Massachusetts enacted an increase to $7.50 over the governor’s veto.]

Arizona, Colorado, Missouri, Montana, Nevada, and Ohio overwhelmingly approved constitutional amendments that raise wages and index future increases to inflation.

Twenty-nine (29) states and the District of Columbia now require employers to pay workers more than the current federal $5.15 per hour rate.

- Twelve states introduced bills to link future minimum wage increases with the cost-of-living index.
- Seven states considered living wage legislation.

- State responses to ANCOR alert on minimum wage regarding legislative action and/or state contractor reimbursement.

Unfortunately, federal and state governments continue failing to connect the dots—and federal and state policymakers ignore reality! Unlike other private sector employers, ANCOR’s providers who rely on public funding—in particular Medicaid—cannot pass along increases in labor costs to their customers—people with disabilities. Policymakers must align their federal and state Medicaid policies with federal minimum wage adjustments and other unfunded mandates.

ANCOR has been working through See Minimum Wage page 8
its National Advocacy Campaign to address the inadequate wages of direct support professionals. It’s time federal and state governments made the connections between expecting supports that enhance the lives of people with disabilities and paying for those quality supports. People with disabilities deserve that policymakers make that connection...and direct support professionals deserve that connection, too!

For additional information, see ANCOR Alert and Issue Brief dated February 22, 2007 that includes information from the ANCOR Alert dated December 22, 2006; one page-talking points, and ANCOR wage and hour page.

Questions? Do you have information ANCOR needs? ANCOR members with questions on this issue or information to share, should contact Suellen Galbraith at 703-535-7850 or sgalbraith@ancor.org. Members, please remember to provide not only your name, but agency, state and contact information.
Second Leadership Institute Proves a Transformative Experience

“The Leadership Institute was a transforming experience in my development as a leader. I will never be able to think about my organization or my work in this field in the same way.”

S
o stated one of the 25 students who participated in the January 28–February 02 Leadership Institute cosponsored by the ANCOR Foundation. Evaluations indicated that the six-day intensive institute was a transformative experience for many of the participants, providing them an opportunity to evaluate their own leadership skills and, most important, imagine and explore with others what the future of the disabilities field and service delivery can be.

Participants represented a vibrant cross-section of the field, including self-advocates, parents, service providers and state officials. This diversity resulted in open, honest dialogue and challenged participants to get outside of their comfort zone. As the week progressed, a growing sense of cooperation evolved as well as uneasiness over how participants would tackle their specific service delivery and system-wide challenges moving forward.

Open dialogue combined with opportunities for self-reflection and guidance by nine faculty members and facilitators, translated to a very rich experience, as evidenced by student testimonials:

“The Leadership Institute was a defining moment in my life, forcing me to ask difficult questions.”

“The Leadership Institute helped me find my voice in a sea of chaos.”

The success of the Leadership Institute clearly points to the substantial need for this level of leadership development program. Statistics cite that between 50-70 percent of CEOs in the not-for-profit sector considering retirement in the next five years. With that in mind, there should be grave concern regarding how well we’ve selected and developed the next generation of leaders to navigate and manage the many challenges of a rapidly changing service delivery and support system, where diversification, changing funding mechanisms, market forces and increased activism will be in active play. The ANCOR Foundation-supported Leadership Institute provides an excellent opportunity to shape your organization’s emerging leaders. Dates for the next Leadership Institute are July 15-20, 2007. Content and registration information to follow soon.

For one student’s perspective on the Leadership Institute, go to http://www.ancor.org/foundation/center_for_leadership.htm

For a faculty member’s perspective, visit this blog entry from February 6th: http://www.lynneseagle.com

ANCOR Member Student Participants
John Bauer, Bethesda Lutheran Homes & Services, Good Shepherd Communities
Susan Brown, Mosaic
Jill Gentile, Ability Beyond Disability
Kimberly Helmstetter, Potomac Center
Greg Wellemes, Imagine!

Clarification for Article in January 2007 LINKS

Article: A Paradigm Shift for Adult Day Services by Tom Pomeranz and Julie Eby-McKenzie

At the end of the article the poem “Good Enough for Me” was referenced. It can be found on Dr. Pomeranz’s Universal LifeStiles web site at www.universallifestiles.com by clicking on Article, Poems and Maxims in the left column and then clicking on Poems.
Service Transformation:
When Person-Centered Options are
Made Available to All People Served...
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Asheville Renaissance Hotel Asheville, North Carolina, USA

Learn from those who prove that you can successfully convert group supports to individualized services on a systematic basis.

Human services consultants Michael J. Kendrick, Ph.D., Dennis Harkins and Michael Mayer, Ph.D. will lead this unique international conference to discover the secrets to success of eight agencies that have maintained their commitment to offering only personalized supports, without exception, for one or more decades.

These agencies will share how they:
- Converted from group to individual options
- Evolved individual opportunities over long periods of time without compromising on their commitment to keeping supports person centered

In discussion groups, we will identify ways to apply this information to our own communities to expand person-centered options for all people with developmental disabilities.

Who Should Attend?

This international conference is for anyone who is interested in seeing more widespread availability of person-centered options for people with developmental disabilities. This includes self-advocates, families, systems administrators, funders, board members, advocates, civil servants, agency administrators, legislators, journalists and many others who are seeking expanded life possibilities for people with disabilities or perhaps other persons and groups who are also currently denied such possibilities.

Information...

Contact: Cathy Womack 919-518-0963 phone
cam@nc.rr.com 919-844-8119 fax

Register at: nccdd.org
President’s $2.9 Trillion FY 2008 Budget Includes $26 Billion in Medicaid Cuts

P resident Bush transmitted his FY 2008 budget proposal to Congress on Monday, February 5th. The Administration’s submission of the budget—the first Monday in February each year—begins the annual federal budget and appropriations processes in Washington. The budget proposal would provide for significant policy changes to Medicare and Medicaid; cut federal funding for entitlement programs by $95.9 billion over five years; holds domestic discretionary spending to near-freeze level; eliminate 141 programs; and extend expiring tax cuts costing $373.9 billion over five years; and provide more than $920 billion for security-related and war spending over five years—all taken together—as part of a plan to balance the budget by FY 2012. Highlights of the FY 2008 budget proposal include:

Discretionary Programs

The proposed budget would result in sizable cuts over the next five years in domestic discretionary programs — the programs (other than defense and international programs) that are funded each year through the annual appropriations process. The reductions would start in 2008, when domestic discretionary programs as a whole would be funded below the levels recently enacted for 2007. The cuts would grow deeper each year after 2008 and would come from nearly every part of the domestic budget. The largest cuts would come in 2012, when domestic discretionary programs would be cut $34 billion, or 7.6 percent, below the 2007 funding level, adjusted for inflation. The proposed reductions would effectively shift billions of dollars on to the states—requiring them to scale back key public services or raise taxes to fill the gaps in lost federal funding.

Over the 2008-2012 period, funding for discretionary programs would be a total of $114 billion below the fiscal year 2007 level, adjusted for inflation. Many of the proposed cuts would come from funds that are provided to state and local governments. In 2008, funding for discretionary programs that provide grants to states and localities would be $11.2 billion lower than the 2006 funding level, adjusted for inflation, and funding for both discretionary

See Budget page 12

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and mandatory programs — but excluding Medicaid — would be $12.7 billion below the 2006 level.

**Medicaid and Medicare**

The Administration proposes restricting Medicare spending by $66 billion over the next five years Medicare spending. The administration is proposing for the first time to means test Medicare and decrease subsidies for certain high-income beneficiaries in order achieve the desired savings. The budget proposal calls for a series of proposed legislative and administrative changes to reduce federal Medicaid spending by $25.7 billion.

- **Medicaid Legislative Proposals:** The Administration proposes aligning all administrative reimbursement rates in Medicaid to 50 percent in order to create consistency in the administrative matching structure to states; restricting FMAP to 50 percent for targeted case management (TCM) resulting in $200 million in federal savings in FY 2008 and $1.16 billion over five years; eliminating state option increase to home equity limit for long-term care that was in the DRA; and cutting pharmacy reimbursements.

- **Medicaid Administrative Changes:**
  - Proposed administrative changes by way of regulation include: clarifying rehabilitation services state option to ensure that “only medical services are reimbursed” ($230 million in federal funding); eliminating transportation and administrative claiming related to services provided in schools ($615 million in savings in FY 2008 and $3.6 billion over five years); capping payments to government providers; and further clarifying allowable Disproportionate Share Hospital (DSH) provisions.

- **SCHIP Funding Falls Short:** The proposal would reauthorize and provide an increase in funding for the State Children’s Health Insurance Program (SCHIP) by approximately $5 billion which would cover only about one-third of SCHIP’s projected $15 billion shortfall over the next five years. In addition, the Administration proposes limiting eligibility to children at or below 200 percent of federal poverty levels and limiting the amount of time that states would have to spend their allotments from three years to one year. This shortfall would come at the same time the Administration is proposing approximately the same amount of cuts to Medicaid.

These legislative and regulatory Medicaid changes are the largest ever proposed by the Bush Administration. While attempting to constrain Medicaid costs at the federal level, they will shift additional costs to the states and adversely affect beneficiaries and providers.

For more information on the Administration’s FY 2008 budget and analyses, visit ANCOR’s web page at [http://www.ancor.org/issues/budget/index.html](http://www.ancor.org/issues/budget/index.html).
Quality Assurance: Generating Data on the Status of Services and Supports for Individuals with Disabilities

Catherine Rathburn

Money follows the person... Pay for performance... Benchmarking criteria ... Providers hear these terms and know that decreased Medicaid dollars and an increasingly competitive environment where quality is the key discriminator that will determine who receives funding. Hear how one agency took a proactive approach to ensuring quality, which is at the heart of everything it does and with many positive results.

The quality of services and supports is one of the fundamental values of the Dungarvin organization. Our mission and service philosophies are actualized through the provision of supports that are characterized by a high level of quality. To assess and monitor the status of quality throughout the agency, Dungarvin has developed a Quality Assessment strategic plan that encompasses a dual focus on quality assurance and quality enhancement.

Quality Assessment at Dungarvin includes the completion of internal quality assessments on both a state and national level, the creation of action plans in response to the findings of these assessments, and the development of a Quality Plan on an annual basis by each Dungarvin company.

The Quality Assessment review is an outcome-based tool developed by Dungarvin staff. Different versions of the tool exist to best assess the varied types of service and support models in which Dungarvin participates across various locales. The tool is designed to guide a reviewer in objectively identifying the presence of key indicators. These indicators are tied to outcomes one would anticipate when services are delivered in a quality manner, or one that honors the choices, dignity, individuality, and the well-being of each person supported.

Quality Assessment reviews are See Quality Assurance page 14

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ANCHOR—A national network of providers offering quality supports to people with disabilities.—www.ancor.org
Quality Assurance, from page 13

conducted by local state teams as well as national teams on designated random samples of individuals supported to ensure that we are closely and objectively examining our successes and focusing on areas in need of refinement related to quality.

At the conclusion of a quality review, a Quality Action Plan to address the findings of the assessment is developed by the local management team. Completion of this Action Plan assures that we have examined the results of the assessment to determine if issues are specific only to identified individuals or systemic and that appropriate corrective action is implemented.

The Quality Plan is completed by each Dungarvin management team/company on an annual basis, typically in the fall for the following year. The Quality Plan incorporates the review of numerous resources to determine our top quality goals for the coming year. The management team prioritizes these goals, and creates an implementation plan for accomplishment of these initiatives. Measurement of progress on these goals is then completed on a regular basis by upper management.

Monitoring of quality assessment results is not limited to local management teams. All information gleaned from Quality Assessment reviews and Quality Action Plans, as well as each state’s annual Quality Plan, is thoroughly reviewed by the highest level of management, to assure that as an organization we remain on target with our quality outcomes.

Dungarvin’s Quality Assessment strategic plan provides a process for proactively identifying the status of quality throughout the organization. No longer solely reliant on results from licensure and certification surveys as an indicant of quality, the organization is now able to closely and objectively monitor services and supports to assure timely response to identified needs, as well as showcase successes and best practices. The ultimate result is the assurance of services and supports that are consistently of a high level of quality.

ANCOR wants to know what innovative approaches agencies are taking to meet quality, leadership, human resources and other service delivery challenges. For a complete listing of areas in which ANCOR is seeking member input, view ANCOR’s Performance Excellence Framework at http://www.ancor.org/pe/markers_07-15-05.pdf. For questions related to this initiative, contact Kari Amidon (kamidon@ancor.org).

AUTHOR LINK Catherine Rathburn currently serves as chairperson of the Quality Assurance/Enhancement Committee at Dungarvin, Inc. She can be reached at crathburn@dungarvin.com.
Beginning on May 23, 2007, providers who bill Medicaid, Medicare, and other health plans must use a new provider identifier. Providers must make sure they know how to obtain their National Provider Identifier (NPI) and ensure its use by the deadline.

**Background**

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of a standard unique identifier for health care providers—National Provider Identifier (NPI). Providers must begin using this new identifier by May 23, 2007. This identifier must be used by most HIPAA covered entities—including providers who bill Medicaid. Your NPI is obtained through CMS’ National Plan and Provider Enumeration System (NPPES) which collects identifying information on health care providers and assigns each a unique NPI.

**Why Providers Need an NPI**

The NPI will be THE single provider identifier, replacing any other identifiers you currently use. Providers who bill Medicaid must use only their NPIs to identify themselves in electronic transactions by the May 23, 2007 deadline. Providers who transmit health information electronically are required by the NPI Final Rule to obtain NPIs, even if they use billing agencies to prepare transactions. If you delay applying for your NPI, you risk your cash flow. You may obtain more information on the NPI from CMS’s NPI Clearinghouse.

There has been much confusion surrounding the implementation of the NPI and whether or not providers billing services under a waiver are exempt. However, the final rule states: “First, Congress explicitly included the Medicaid programs as health plans that are subject to the administrative simplification standards. Second, these waiver programs commonly pay for a mix of health care and non-health care services. State Medicaid agencies with home and community based waivers are not exempt from these standards for transactions relating to health care services or supplies.”

If you have any questions regarding the implementation of the NPI, please contact Jessica Sadowsky, Government Relations Associate, at jsadowsky@ancor.org.

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**Positive Outcomes:**

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in association with
Catherine Hayes, MA of H&W Independent Solutions

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**News Brief**

**OD Launches Redesigned Website**

The Office on Disability (OD) has announced the launch of a completely redesigned website at www.hhs.gov/od. The new website provides comprehensive yet easy-to-access information supporting the seven domains; housing, education, information technology, transportation, health, employment, and community integration; identified by the President’s New Freedom Initiative – plus, information on advocacy, entitlements, and emergency preparedness. The redesign of the content according to the seven domains of the President’s New Freedom Initiative has shaped the user interface into a better organized database where information can be accessed easily and precisely.

In addition, the OD website features information on the Americans with Disabilities Act and a number of fact sheets and reports supporting several of OD’s initiatives, such as the Surgeon General’s Call to Action To Improve the Health and Wellness of Person’s with Disabilities; Caregiving Initiative; Physical Fitness for Youth with Disabilities, and Infants and Young Children with Hearing Loss. The restructured OD website also fully ensures compliance with Section 508 and 504 of the Rehabilitation Act. The new site is located at www.hhs.gov/od.
Did you miss our spring Quality Connections Conference where we introduced our new Quality Measures 2005®?

Are you overwhelmed with your organization’s data? Or do you worry that you are wasting time collecting the wrong data?

Would you like a CQL staff person to walk you through, step-by-step, the CQL Accreditation process?

If you answered “yes” to any of the above questions, then you will be pleased to see our 2007 Regional Conference schedule with a choice of three topics. Attend one, or all three.

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For more information call Cheryl Purisch at 410.583.0060 or register online at c-q-l.org/conferences.

**Quality Measures 2005®**

The Quality Measures 2005® represent a major break-through in how organizations can evaluate their own effectiveness at providing quality supports for people. CQL’s innovative Quality Measures 2005® combines CQL’s previous personal outcomes approach to quality definition and measurement with the lessons of social capital and the growing importance of Community Life®.

**Data Management**

Data Management ensures that information/data are not collected solely for the sake of collection and that organizational learning from the data results in quality enhancement efforts. Build the core competencies in your organization to collect the right data, and make data driven strategic decisions.

**CQL Accreditation**

We’ll prepare you for every step of CQL Accreditation. Together we measure Shared Values, Basic Assurances®, Personal Outcomes, service responsiveness and commitment to Community Life®. Using the Quality Measures 2005®, organizations and CQL:

- assess the alignment between values and practices and work to close any gaps;
- ensure that Basic Assurances® are in place;
- learn which outcomes are important to people;
- assess service responsiveness; and
- move the organization from the role of provider of services to one of a bridging organization.
Phil Clifford was presented with a problem common to many human services agencies.

How do you effectively monitor the awake overnight staff? How can you be sure they are not sleeping on the job? Employees are paid to be alert and ready to support clients. But are they?

Clifford, a telecommunications executive, served on the board of a human services agency. He was asked to find a product that would effectively supervise the awake overnight staff. This proved easier asked for than done.

None of the methods he came across were particularly effective. Some agencies used video equipment—expensive and invasive. Others had employees call into voicemail boxes—inefficient and not particularly reliable. Then there were surprise spot checks.

Everyone Clifford spoke with at different agencies said they wished there were something better. If you can’t find a better mousetrap, then you’ll have to design one yourself, which is exactly what Clifford did. Working with his agency’s CEO, Clifford developed SteadyCare.

SteadyCare is a patented call-in service that is easy to set up—all that’s needed is a telephone and computer—inexpensive, with no special training necessary, and most important, reliable.

Here’s how it works. Every overnight staff member gets a personal ID number. At regular assigned intervals, the employee calls a designated number, enters the ID number, and states his or her name. This data is recorded and compiled into an e-mail that is sent to each supervisor at the end of the shift. It lists any homes where staff members missed calling in and includes an Excel spreadsheet showing all calls made.

In the morning, supervisors can scan the e-mail and at a glance know what occurred the night before. “We feel like we finally have a handle on what is happening in our 28 homes overnight,” states Sue Casey of Delta Projects. “Since using SteadyCare, the number of overnight incidents has decreased.”

Phil Clifford, who has added CEO of SteadyCare to his resume, reports, “The response to SteadyCare has been wonderful. It has received 100-percent satisfaction from every level of the organization.”

SteadyCare is a proud ANCOR Silver Partner and we encourage our members to contact them for more information. They can be reached at: info@steadycare.com or 866-578-3239.

Funding Our Way to a Brighter Future!

Michael Hutcherson

Having recently met with fellow board members at an ANCOR Foundation Board retreat in mid-January, there is a renewed commitment from all board members to commit and attract the significant resources required to establish a Center for Leadership and a Center for Innovation and Information. The Centers comprise the framework by which the Foundation will realize its mission “to build the commitment and capacity of providers and communities to improve the quality of life for people with disabilities.” We agreed collectively that 2007 would be the year that the Foundation takes a significant leap forward in realizing the strategic outcomes it’s established.

We plan to build upon the existing support from the ANCOR community and also reach outside of our community for financial support from those individuals and organizations supportive of the Foundation’s mission. To that end, we are working to organize and effectively tell our story. Specifically, the following activities and actions are being planned to reach our goal of raising $100,000 for calendar year 2007:

• First, it starts with us. We are seeking 100 percent Foundation Board participation in making a financial contribution to the Foundation to complement the significant contributions they already make in time and expertise. Lead through example so others can follow.

• We’re currently promoting the Foundation’s Third Annual Walk, Run, Roll, both at the Management Practices Conference in San Diego on March 25th, and throughout the U.S., with local Walk, Run, Rolls. Over 170 ANCOR vendors have been solicited for sponsorships for this event. Many member agencies have demonstrated their support by soliciting $1.00 pledges from their employees. Still another, Evant in Ohio, has challenged providers within their county to follow suit.

• We continue to explore Grant opportunities and now have a grant request prototype that will enable us

See Future page 18
NADSP Awards First DSP Credential

The National Alliance for Direct Support Professionals (NADSP) has awarded its first credential to Laura Pittman of Orange Grove Center in Chattanooga, TN. The NADSP credentialing program was unveiled in July 2006 and gives DSPs the opportunity to commit to the profession of direct support through a three-tiered credential program. The three credentials are DSP-Registered, DSP-Certified and DSP-Specialist. Each level involves additional training and expertise and a commitment to the profession. You can learn more about the credentialing program at www.nadsp.org.

Laura Pittman awarded first NADSP credential.

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- We are establishing a Charitable Remainder Trust whereby individuals can support the ANCOR Foundation through a legacy contribution of life insurance.

- Our Marketing Committee is preparing collateral materials to communicate and raise awareness about the Foundation’s scope of activity.

In short, we hope to secure the necessary resources to support the ANCOR Foundation as it works toward building the capacity of service providers and communities of all stripes to support meaningful, productive and personally satisfying lives for people with disabilities in communities of their choosing. We appreciate and thank you for your support.

Mike Hutcherson is President of Colonial Insurance Company, LLC. He serves as chair of the Fund Development council for the ANCOR Foundation. Mike can be reached at mhutcherson@colonialagency.com.

Author Link

ANCOR WELCOMES New Members

Mid-Atlantic Region
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khiden@maxhealth.com

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Sandy Kasprzak
Partners In Community Supports
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Northeast Region
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Southwest Region
Jeff Gardner, Regional Director
Carol Fitzgibbons
Home of Guiding Hands
El Cajon, CA
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carol@guidinghands.org

International
Peter Sikamo
Disability Awareness Missions
Kapenguria, Kenya
Sikamoi2005@yahoo.com

News Brief

United We Ride Launches a New Community Education Campaign

ONE VISION: ONE CALL is a new campaign that is targeted to simplify access in every community across America. Regardless of who you are, where you are going, what type of ride you need, who is providing the ride, or who is paying for the ride—consumers should only have to call ONE number. ONE VISION: ONE CALL includes a brochure, PowerPoint presentation, and talking points that can be used across the country to help educate consumers, providers, and policy makers.

The campaign was developed in coordination between the Federal Interagency Coordinating Council on Access and Mobility and the National Consortium on Human Service Transportation.
SDACBS - A Model of Coordination & Cooperation

Tom Scheinost, Executive Director

The South Dakota Association of Community Based Services (SDACBS) is entering its 30th year as a provider organization. SDACBS currently has 17 of the 19 community provider agencies as members, with 14 of those also members of ANCOR. Of course, SDACBS is also an ANCOR member.

I have had the unique opportunity to work with SDACBS from two vantage points, both as South Dakota’s director of developmental disabilities and, since 2000, as the association’s executive director. Throughout the history of SDACBS, I have been impressed by the member agencies’ willingness to coordinate and cooperate in efforts to strive for the highest quality services and supports possible. This unselfish cooperation and sharing has, I am convinced, been a primary factor in every one of our member agencies achieving accreditation by the Council on Quality & Leadership (CQL). This same spirit of cooperation has also led to a high level of SDACBS credibility with the state legislature and the state DD agency.

In 2001, SDACBS developed its first long range strategic plan with a major focus on direct support workforce development and retention. Working in cooperation with the S.D. Council on Developmental Disabilities through a series of grants, SDACBS embarked on a journey to address workforce issues, beginning with a state-wide survey of over 600 DSPs.

Using the survey results as a guide, media tools were developed to assist agencies in recruiting DSPs as well as celebrating the efforts of DSPs. Specialized training programs were supported by the state to deal with the changing roles of both DSPs and their supervisors, as our community system evolved toward more individual choice and control of supports provided. The grants culminated in the implementation of The College of Direct Support (CDS) in all 19 community agencies, the State Developmental Center, and other non-agency provider systems. SDACBS is the coordinating organization for the CDS in cooperation with our University Center for Excellence, which staffs the South Dakota CDS Site. The SDACBS implementation of the College Curriculum (including The College of Frontline Supervisors) was completed in cooperation with our state DD agency with the full understanding that the curriculum was not to be state-mandated, but rather used by agencies as a tool in whatever manner best fit their needs and ongoing improvement of the provisions of the Act.

It’s imperative that additional congressional and federal action be taken to address the service and training needs associated with this increasing number of individuals with Autism Spectrum Disorders. Greater commitments are clearly needed to expand access to services such as early identification, diagnosis, early intervention, education, family support, and long-term services and supports to better meet the needs of individuals with ASD and their families.

New Autism Prevalence Study Underscores Need for Research, Services, and Supports

The Centers for Disease Control and Prevention (CDC) released last week a new study on the prevalence of Autism and related disabilities. According to the recent study, approximately 1 in every 150 American children has a potential diagnosis of Autism, a higher rate than previously reported just a year ago.

This study was based on in depth review of medical and school records for children who were 8 years of age at multiple sites across the country. As Catherine Rice, one of the lead researchers with CDC’s Birth Defects Division, stated, “There’s been a lot of concern about what the prevalence of autism is in the United States and we haven’t really had the data systems to answer that completely.” The new study expands our knowledge about the explosive growth in Autism Spectrum Disorders (ASD) witnessed over the last few decades.

Late last year, the President signed into law the Combating Autism Act of 2006, PL 109-416. The Act would authorize an additional $1 billion, primarily for research on Autism through the National Institutes of Health (NIH) and CDC. The Act also provided the first step to expand the interdisciplinary training of professionals to identify and support children with ASD and their families. Unfortunately, no money was proposed in the recently released President’s FY 2008 Budget to implement the provisions of the Act.

Gary Blumenthal, a veteran executive at human services organizations and a former Clinton administration official, has been named executive director of the Waltham, MA-based Association of Developmental Disabilities Providers (ADDP).

Blumenthal, a native of Kansas who served under President Clinton as executive director of the President’s Committee on Mental Retardation, took up his leadership position at the ADDP Feb. 1st.

ADDP Names New Executive Director
Model, from page 19

staff training activities. The CDS Curriculum is also available to a wide range of consumers and family members across the state. Increasingly, the CDS is being utilized as a joint training tool for DSPs and individuals being supported, who take the courses together.

As ANCOR has shown us nationally, disability providers can only achieve the quality by working together, sharing and learning from each other. As a proud member of ANCOR, SDACBS looks forward to many more years of partnership activities on both a national and state level to achieve our mission of providing leadership in assuring quality community services and supports for citizens with disabilities.

Tom Scheinost is the executive director of the South Dakota Association of Community Based Services (SDACBS) and can be reached at sdacbs@midconetwork.com.

News Brief

DoL Announces $2.5 million in LTC Workforce Grants

The Dept. of Labor’s Employment and Training Administration through the President’s high-risk job growth training initiative has announced a $2.5 million grant award initiative to address regional long-term care workforce challenges and solutions.

Applicants may be public, private for-profit, and private non-profit organizations. It is anticipated that average individual awards will be approximately $500,000. Applications are due by April 5, 2007. A Webinar for prospective applicants will be held for this grant competition on March 5, 2007. Access information for the Webinar will be posted on the U.S. Department of Labor’s Employment and Training Administration (ETA) Web site at http://www.doleta.gov/BRG/Indprof/Health.cfm.

Grants funded through this SGA are expected to contain at least five critical elements. These elements consist of: (A) Strategic regional partnerships; (B) data driven analysis of regional long-term care workforce challenges and solutions; (C) systemic solutions to industry identified workforce challenges; (D) shared and leveraged resources for implementation; and (E) clear and specific outcomes. Each of these characteristics will be reflected in the ratings criteria in Part V.

Tough Stuff

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Member Highlight is designed to recognize and showcase ANCOR member agency achievements and significant community and other initiatives of note. Our goal is to feature an ANCOR member in each issue of LINKS, so please forward your highlight story to Marsha Patrick at mpatrick@ancor.org.

Our March Highlight member is Mosaic located in Omaha, NE under the leadership of CEO David Jacox.

Mosaic Receives National Quality Award

Shown with the CQL Award are (from left to right) Linda Timmons, President and COO; Diana McCalment, Chairperson of Mosaic BOD; David Jacox, CEO.

Mosaic has been awarded Basic Assurances® Certification from The Council on Quality and Leadership (CQL). Mosaic is the first organization network to be awarded this certification, which evaluates services and supports for people with disabilities in the areas of health, safety and welfare. Mosaic sought to attain this certification to affirm its commitment of providing high-quality services. CQL is the leader in the field of establishing standards of supports for people with disabilities and people with mental illness.

“We are pleased to award our first Network Basic Assurances® Certification to Mosaic,” said James F. Gardner, Ph.D., president and CEO of The Council on Quality and Leadership. “Mosaic has recognized its vital mission of providing basic supports to the people it serves and we encourage Mosaic to continue to partner with us and other organizations on the journey to helping people with intellectual disabilities achieve full and meaningful lives.”

“Mosaic is thrilled to receive the first Network Basic Assurances® Certification from CQL,” stated Linda Timmons, Mosaic president and chief operating officer. “This award represents our dedication to making great things happen in the lives of all people. Our experience with CQL has pushed us to adopt new and innovative practices that promote the health, safety and security of people. The certification experience is one step in our quality journey. We will continue to work toward consistent quality in all that we do to support people with disabilities.”

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“TOTAL: RECORD HAS IMPROVED OUR EFFICIENCY, ALLOWED US TO REDUCE INVOICE REJECTIONS, SHORTEN PAYMENT ON RECEIVABLES AND IMPROVE CASH FLOW.”

— Patrick DiMico, Chief Operating Officer
Passavant Memorial Homes

ANCOR—A national network of providers offering quality supports to people with disabilities.—www.ancor.org

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After graduate school in the early 70s, I joined a group of behavioral psychologists who were developing innovative treatment models as alternatives to institutionalization. In a demonstration project in Tucson, Arizona, we took adjudicated Native American youth out of tribal jails and Bureau of Prison detention facilities and served them in community-based group homes using applied behavioral analysis theory to change the antisocial behavior and teach appropriate skills of everyday living.

As a result of the demonstration project, Intermountain Centers for Human Development was started, where we continued to pioneer the community-based behavioral approach, expanding the services to children and adults with developmental disabilities and mental illnesses.

In 1980, I joined United Cerebral Palsy of Los Angeles as the clinical director to begin the deinstitutionalization process in California. We began taking the first developmentally disabled individuals with behavior disorders out of the state hospitals and served them in community group homes. I became the chief executive officer of UCP six years later.

I have spent my career with just two organizations (great ones at that) and both have been longstanding members of ANCOR. We see ANCOR as the premiere national trade association in the country representing providers of services to individuals with disabilities. ANCOR was invaluable to us with technical support and assistance with wage and hour issues.

And, ANCOR was the first National Association to put our workforce crisis on the federal radar screen with the introduction of the Direct Support Professionals Fairness and Security Act. Our hardworking, dedicated frontline staff are critical to delivering quality services. ANCOR has taken the lead in fighting for their right to receive a decent wage.

All of us, from large corporations to small mom and pop organizations, to parents and individuals with disabilities, should be very thankful for all the activities ANCOR engages in on our behalf. ANCOR is our voice in our nation’s Capitol. We must all support their effort, there is too much at stake.
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The Employee Retention & Communication Program For ANCOR Membership

Contact: Ross Setlow
ANCOR@colonialagency.com
Phone 800.595.9768
Fax 518.786.9740
ANCOR Mission:

To empower providers and people with disabilities to celebrate diversity and effect change that ensures full participation.

ANCOR Vision:

To be the premier provider association creating a world that values the full participation of all stakeholders.