ANCOR Introduces New Corporate Identity Program

In keeping with the 21st century, ANCOR is rolling out a new contemporary logo. Realizing both cohesiveness and continuity with a streamlined, reinvigorated look, ANCOR is pleased to present its new organizational signature. The complete unifying design combines the new graphics with the ANCOR name spelled out along with the ANCOR tag line. The acronym and graphic can also be used as a stand alone.

A subcommittee to the Marketing & Communications Division met in the fall to review ANCOR's branding. It became clear that ANCOR needed to update its look befitting a leading national disability organization. And so began the process of creating a new identifying logo whose graphic points also envelope the “partners in community” concept that forms the basis of ANCOR's new information video.

This new corporate identity will be utilized to support the basic business uses such as stationery, business cards, miscellaneous office materials, etc. as well as signage, web site, marketing materials, advertisements, reports and manuals and the working environment (trade shows, receptions, meeting rooms).

This new visual identity will be a branding and image centerpiece for ANCOR.

Medicare—Not Medicaid—Will Now Pay for Prescription Drugs for Dual Eligibles

For the very first time in its 40 year history, Medicare will pay for prescription drugs outside of a hospital or other in-patient health care setting. Beginning January 1, 2006, the new Medicare Part D drug benefit will dramatically change how certain people with disabilities receive prescription drugs. Medicaid, which has traditionally paid for prescription drugs for many low-income Medicare beneficiaries with disabilities, will no longer cover the cost of prescriptions for these individuals after December 1, 2005.

Any private providers support individuals with significant disabilities who are eligible for both Medicaid and Medicare. In fact, approximately 6.4 million individuals with disabilities and older Americans (over age 65) qualify for both Medicaid and Medicare. These individuals—known as dual eligibles—will no longer have Medicaid paying their prescription drug costs. Instead, Medicare will pay those costs. This one, seemingly simple, change has huge implications for those individuals with significant disabilities.

ANCOR sponsored an audio conference December 6, 2005 for private providers. Dr. Jeff Kelman, CMS Chief Medical Advisor, and Denise Buenning of the CMS Division of Community Based Education and Assistance discussed the new prescription drug benefit with callers and responded to questions. Registrants were also provided a copy of ANCOR’s new monograph Medicare Part D: What Providers Need to Know. The document reviews the new benefit and how some of the changes will affect people with disabilities, what role providers have to play in ensuring appropriate drug coverage, and a checklist of questions and suggested actions for providers to take. The new document is available to ANCOR members on the ANCOR website: www.ancor.org.

ANCOR wishes you and yours a safe and happy holiday.
New ANCOR Logo
ANCOR Introduces New Corporate Identity Program

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Medicare – Not Medicaid – Will Now Pay for Prescription Drugs for Dual Eligibles

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The Leadership Imperative

Renee Pietrangelo

In a recent Bridges column entitled “Think Like the Tribe,” I shared the anecdote of an elder of the Moken people in Indonesia who saw the making of a “people eating wave” as described to him by his elders and immediately warned his people to head for high ground. As a result, all but one member of the tribe survived the terrible tsunami disaster of last year. The message to readers was, “Who are the Moken elders keeping watch over the landscape to ensure our tribe’s safety and survival? Who is listening so everyone can be heard? Who is taking time to understand what is being said?”

ANCOR’s volunteer leaders are charged with this responsibility, and we need more of these committed and talented people. If you need more than the obvious reason of giving back to your chosen profession and leaving a lasting legacy among the people and families we serve, consider this: Scientific studies have recently proven dedicated volunteers tend to live longer, have fewer illnesses, and are more apt to develop important and enriching relationships. I think current ANCOR leaders would readily attest to this very positive side effect of your contribution of time, talent and commitment.

It’s also an invaluable opportunity to impact ANCOR’s scope and direction and be involved “on the ground floor” of many of our newer or soon to be developed programs and initiatives such as the Performance Excellence Framework, international membership and networking, and our continued leadership role within the Alliance for Full Participation Community.

As you consider resolutions for 2006, I encourage you to consider the volunteer leadership opportunities available at ANCOR and make a New Year’s commitment to get involved. In doing so, take a look at our new information video, “Partners in Community,” which was developed to premiere at the Alliance for Full Participation Summit meeting this past September. I think it does an excellent job of framing the importance of leadership.

The video was made possible thanks to the generous support of the Colonial Insurance Agency, Cherry Hill Books, Esteam and Keystone Services.

Warm regards for a healthy, happy and safe holiday season with colleagues, coworkers, family and friends.
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The Power of One

Fred Romkema

During the recent Alliance for Full Participation Summit held in DC, Eric Bowers, a recipient of services from Northern Hills Training Center, had the privilege of visiting with the entire congressional delegation from South Dakota. Yes, all...the two senators and one congresswoman. He was accompanied by the executive director of the South Dakota Association of Community Based Services (SDaCBS), two agency administrators and me.

We spoke of the importance of retaining Medicaid and Medicare funding for community based provision of services and received favorable responses from the entire delegation. Today, Congress is debating saving some $10 billion to $50 billion from Medicaid and Medicare programs serving poor and disabled citizens. As a result of this debate, Eric’s parents saw fit to address a Letter to the Editor of the Rapid City Journal, the second largest newspaper in South Dakota, to air their concerns. It read:

Federal Assistance
At the present time, Congress is considering deep cuts in Medicaid and other programs from the poor and disabled. Our son, Eric, has Down syndrome and is now 34, having benefited from such programs during his lifetime. Without such government assistance he could not have lived the life he is now living in his own apartment, holding down a part-time job to supplement his SSI and engaging in service to his community through his church and Kiwanis.

He recently traveled to Washington to speak personally with the members of Congress from South Dakota. We are immensely proud of his accomplishments and grateful for the federal assistance that has made such progress possible. Such programs change the lives of families like our own. They must not be under-funded. (October 30, 2005 - James & Jytte Bowers - Spearfish, SD)

In the era of “Bridges to Nowhere,” I wonder how many people have seriously considered writing Letters to the Editor or communicating in some way their concern with the disturbing choice of priorities when it comes to the expenditures of tax dollars. It is a reflection on our society that we are making things more difficult for people who, often through no fault of their own, require some public assistance to enhance their lives.

On a positive note that doesn’t relate to Medicaid cutbacks, but rather to the benevolence and understanding of some companies, Starbucks is reaching out to people with disabilities, both as employees and as customers. The November 14th issue of The Wall Street Journal reports that Ms. Penman, a 36-year-old with cerebral palsy works at Starbucks and takes orders from her wheelchair. Starbucks’ CEO mentions Ms. Penman in his speeches as an example of the devotion of the company employees. Starbucks Corporation wants to make Ms. Penman a model employee. IBM and Verizon are making efforts in this arena as well.

As we enjoy the holiday season and make purchases, it is important to remember the power of one in the areas of politics and economics. Remember these companies and what they are doing for those with disabilities. And make your opinions known on Medicare and Medicaid reforms by informing your friends, neighbors, and elected officials!

Thank You
Many of the photos taken during the Alliance For Full Participation Summit and appearing in the October 2005 issue of LINKS were taken by the wonderful folks at New Vision Photography, Inc. ANCOR sincerely appreciates their contribution.
Increase Employee Retention and Morale

Employee Retention and Communication Program For ANCOR Membership

The Employee Retention and Communication Program For ANCOR Membership is offered to all ANCOR members at no additional cost to your agency. The program educates your employees on their benefit package and the associated cost through a “Personalized Benefit Statement.” This communication process will give your employees a better understanding of their total compensation. Studies have shown that communication of benefits and the cost associated with them has lowered employee turnover, boosted employee morale and increased productivity.

What’s in it for you?
Your agency benefits because you:

☆ Maximize the “Return on Investment” with your current benefits program.
☆ Communicate your benefits to your employees and the dollar cost associated with them.
☆ Control the increasing cost of providing benefits.
☆ Provide a benefits package that satisfies your entire employee population.
☆ Recruit and retain quality employees.

What’s in it for your employees?
Your employees benefit because they:

☆ Have a better understanding of their current benefits and the cost associated with them.
☆ Have access to a larger portfolio of benefits.
☆ Have the ability to build a benefits plan based on their own individual needs.
☆ Have benefits that are affordable and portable through the convenience of payroll deduction.

Summary of Program

✓ Provide benefit communication to all employees.
✓ Provide a “Personalized Benefit Statement” to each employee, enhancing their awareness of the cost of benefits.
✓ Expand your benefits package at no additional cost to your agency.
✓ Ease of Administration.
Moving from Good to Great

Transforming any organization from good to great is a challenging task. Most often we know what to do, but are stymied by a knowing-doing gap in our organizations. The challenge in addressing this gap is our ability to implement change. Leadership, culture and systems are the primary drivers for implementing the change necessary to achieving performance excellence. What determines how great a service organization will become is how well its leaders create a culture of excellence and effectively implement models of best practice.

Leaders Must Be on Board

A critical predictor of how likely or how quickly an organization will make the transition from good to great is the quality of its leaders. Your organization’s leaders must set direction, create a personal outcomes focus, establish and communicate clear and visible values, and set high expectations. Only leadership can focus your organization’s culture on performance excellence.

Outstanding leaders compare their organization’s performance against the best in the country. They set and deploy stretch goals to create a sense of urgency. It is essential that your organization’s leaders align its beliefs, values and behavior standards with the commitment to support and service excellence and use recognition to reinforce the desired behaviors. In time, cultural values affect the mental models staff use when making behavioral choices in dealing with and supporting consumers.

Impact of Culture

Culture has a major impact on consumers’ experiences and personal outcomes, and leaders are responsible for not only creating but also sustaining their organization’s high performance culture. For example, most Baldrige Award recipients talk about how great their people are. Part of what makes them great contributors to the organization’s performance excellence is the high performance culture leaders have built over time. It is a safe, nurturing, learning culture that supports

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Good to Great
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appropriae behavior choices. It impacts
staff retention, which in turn improves
consumer satisfaction.
Such a culture helps staff see risks,
errors and near misses and then learn from
them. In working with performance excel-
lence principles, leaders come to under-
stand that a culture that penalizes a dis-
ussion of errors or potential errors dooms
itself to repeating them.
People want to do their best.
According to quality guru W. Edwards
Deming, poor quality performance comes
from poor systems, not bad people. If you
pit a good performer against a bad system,
the system will win almost every time. We
spend too much time fixing people who
are not broken and not enough time fixing
organizational systems that are broken.
Only leadership has the power to change
the systems.
Achieving performance excellence
requires systems that are well-ordered,
repeatable and use data and information
for improved learning opportunities
through evaluation, improvement and
sharing. Great systems are designed to sup-
port organization-wide goals and integrate
plans, processes, information, resource
decisions, actions, results and analyses so
they function as an interconnected whole.
Leaders are the ones who encourage
the development of an organizational road
map that goes across departmental bound-
aries so everyone understands his or her
role and can facilitate the removal of road-
blocks that waste resources and frustrate
staff.
Each and every organization has the
potential to achieve performance excel-
lence as long as its leaders have the vision,
passion and commitment to do so. 

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Contact Marsha Patrick of ANCOR, 703-535-7850, or mpatrick@ancor.org

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Care Must be Taken when Scheduling Staff to Work for Periods of 24 hours

Joni Fritz, Labor Standards Specialist

There are pitfalls to be avoided when scheduling direct support staff to work for periods of 24 hours or longer if they are not paid for sleep time. The basic rule is found as an “Interpretive Bulletin” at 29 Code of Federal Regulations, Section 785.22. Under this provision, if agreed to by the employee in advance, it is not necessary to pay for up to eight hours of a regularly scheduled sleep period. If sleep is interrupted by a call to duty, the time spent responding to that call must be compensated, and if the employee does not get a total of at least five hours of sleep, the entire period must be compensated. (The five hours need not be five consecutive hours.) Employees who are paid under this rule must “usually enjoy uninterrupted sleep” and also be provided with “adequate” sleeping facilities.

Duty of 24 hours or more is most commonly used for employees who work from Friday afternoon to Sunday evening, complementing the schedule of employees who work five days a week, usually from Sunday evening to Friday morning. Sometimes, however, agencies have found that turnover is reduced when three employees rather than two share responsibility for a home, each hired under Sec. 785.22 rules for duty of 24 hours or more. It is in these situations that problems in scheduling are more likely to arise.

In order to avoid paying for sleep time, there must be a 24-hour period associated with each uncompensated eight hour sleep period. Invariably, when administrative staff divide a week-long schedule among three employees, this does not occur. As a result, an employee must be paid for the sleep periods that does not have a 24-hour period associated with it. The following staffing pattern provides an example of the way this works.

- Employee #1 reports to work at 8 p.m. Sunday and works until 7 a.m. Wednesday. This involves 43 hours of work.

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scheduled work time over a 59-hour period, not a 72-hour period. If agreed to in advance, the 8-hour sleep periods on Sunday and Monday nights need not be compensated; but because there are fewer than 24 hours in the third period, the employee must be paid for the Wednesday night 8-hour sleep period, resulting in a total of 43 hours of scheduled paid on-duty time with three hours of overtime.

• Employee #2 works from 6 am Wednesday until 2 p.m. Friday. This covers more than two 24-hour periods. Therefore the employee may agree not to be paid for the scheduled 8-hour sleep periods on Wednesday and Thursday nights, receiving compensation for 40 hours of work.

• Employee #3 works from 1 p.m. Friday until 9 p.m. Sunday. This is also more than two 24-hour periods involving just two uncompensated 8-hour sleep periods and 40 hours of scheduled paid work time.

All of the schedules involve an hour of overlap to permit the employees to exchange information. Employees working such a schedule must have a comfortable place to sleep that provides them with privacy. Under Sec. 785.22, this could be a couch that pulls out into a bed.

Different rules are applied when scheduling “relief” employees under a 1988 enforcement policy. In a special enforcement policy released in 1988, employees who substitute for a “full-time employee who resides on the premises for an extended period of time” (e.g., working a minimum of 8 hours over five consecutive 24-hour periods) may agree not to be paid for regularly scheduled sleep periods if they work a minimum of 8 hours within a 24-hour period. This was done to provide consistency with the full-time employee who works five days a week. When none of the employees in a home work for at least 8 hours over 5 days, there must be a 24-hour rather than an 8-hour period associated with each uncompensated sleep period. It should also be noted that under the 1988 policy, each employee must be provided with “private quarters in a homelike setting.” This means a bed in a bedroom of a group home or apartment. A couch in a living room that converts to a bed is inadequate.

Joni Fritz is a Labor Standards Specialist. Her guidance is free to ANCOR members and to those who attend a Wage and Hour workshop or participate in teleconference. Any ANCOR member who wishes to make arrangement for consultation or workshops with Joni Fritz must first contact ANCOR national headquarters for referral. Contact Suellen Galbraith at 703-535-7850 or at sgalbraith@ancor.org for referral information or questions.

FYI

LINKS is being distributed in both electronic and hard copy formats. If you prefer one over the other, please let us know. If you have no preference, you’ll receive it electronically.

Questions?
Contact Marsha Patrick at mpatrick@ancor.org or 703/535-7850

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In an October 2005 Harvard Business Review article, Cohn, Khurana and Reeves wrote that “Companies where boards and senior executives fail to prioritize succession planning and leadership development end up experiencing a steady attrition in talent or retaining people with outdated skills.”

Until recently, this sentiment was probably not shared widely in our field. Such planning has typically been seen as the task of HR employees, not the service-oriented managers of most providers. Our rapidly shifting demographics and the desire to further decentralize services to individuals and families has created significant pressure on all of us to develop the next generation of leadership.

Succession planning is often compared with “replacement” planning – finding the next person to fill a leadership “slot.” While providers and public entities will continue to recruit externally for talent that will benefit the organization, succession planning takes a much broader, long-term view of the organization’s evolution. Effective succession planning —

• Is married to an overall strategic or business plan for the organization’s future success.
• Anticipates changes and possible scenarios for addressing leadership needs.

The latter point may seem puzzling, but it is critical to the impact of the succession plan. While an HR department may assist in the management of a plan, the most critical interactions take place at the operations or service level. In effective succession planning:

• Adds to the positive morale of a company culture by recognizing existing talent and encouraging new competency development.
• Enhances a performance orientation within an organization by integrating succession planning within existing operations.

See SUCCESSION page 12

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by Roberta Nelson-Walker

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Succession planning, Boards and CEOs help managers to identify rising stars at all levels while designing leadership development efforts based on existing and expected future challenges. Current leaders are expected to develop their talent just as they are expected to oversee service quality or manage a budget. Why? Because they understand that without bench strength for the future, their organization will not be successful.

Internally, there are a number of options that are useful to consider in encouraging existing talent. A few options include:

- Assessment of existing leaders, including 360° surveys. Of particular importance is the assessment of style and “emotional intelligence”. Recent research strongly suggests that less than 5% of a leader’s success is accounted for by traditional IQ scores, while 30% or more is attributed to emotional IQ.
- Coaching of rising talent or potential leaders who desire to develop their emotional intelligence. It is clear that emotional intelligence can be increased over time with professional assistance.
- Specialized training for leaders in areas directly related to competency in specific leadership positions.
- Review of current structure and possible changes, including reorganization, that will help the organization become better focused for the future in a very competitive marketplace.

Beyond these internal approaches, there will likely remain other workforce needs at a middle to senior level. Possibilities may include: position redesign, outsourcing, recruiting, internal talent pools, and variations on part-time employment and job sharing. Options like these are increasingly attractive to a very diverse workforce.

Succession planning can be effective in the short run as well. When critical employees with essential information are suddenly on leave for an extended period of time, the impact can be devastating for a provider. Cross-training beyond an individual’s current scope of duties may be one succession strategy that can mitigate the impact of unanticipated absences of key employees.

Despite what you are reading here, you may conclude that succession planning is a less essential task than 2006 budget preparation. Please consider the following. The next generation’s workforce already has 10 million fewer workers at all levels than the baby boomer generation. This problem will likely peak in 2010-2015. The current leadership that chooses to put this issue on the back burner will be missing an opportunity, with potentially serious consequences for a system of support for people with disabilities and their families.

Tom Schramski, Ph.D., was the CEO of a provider organization in Arizona for 25 years and is now a Principal in Human Service Connections, a national recruiting and leadership development company in the field of developmental disabilities. Watch for a Succession Planning ANCOR audio conference in early 2006 featuring Tom Schramski.
Hurricanes Katrina and Rita – What’s Connected?

James Gardner, Ph.D.

In the aftermath of the natural and human disaster from hurricanes Katrina and Rita, scientists argue about the connections among hurricanes, greenhouse gases, and national public policy. The integrity of the New Orleans levee system, federal, state and local responsiveness to the hurricanes, and the FEMA relief effort have been debated from Louisiana to Washington, D.C.

But the question of “what’s connected” can be changed to “who’s connected.” Hurricanes, tornados (or even bird flu) won’t pick a path of human suffering based on socio-economic factors. But, “who’s connected” indicates how people are prepared for the unexpected, how communities support them after disasters, and how well people recover.

These questions of “who’s connected” apply to people with disabilities, their families and the people in the community who support them. “Who’s connected” is really about social capital – “the level of trust and mutual support in communities.”

Emphasize these priorities when you think about emergency planning:

• **Create partnerships** – The National Organization on Disability (www.nod.com) has launched a Partners in Preparedness Campaign. The campaign encourages organizations and self-advocates to prepare for emergencies by identifying, contacting and making plans with first responders – police, fire, emergency medical services, and other local organizations.

• **Mobilize the social capital network** – People benefit from their connections to other people who care about them, who will advocate on their behalf, and assist them to mobilize power to prevent or minimize disaster impact in local communities.

• **Make plans** – Organizations and people think ahead. They develop “what if” action steps. Plans address “what if” possibilities and include resources from first responder partnerships and social capital networks. The best individual plans for Basic Assurances™ in the areas of health, safety, and human security integrate each person’s connections and community resources.

• **Include everyone** – Connectedness is a mutual responsibility. Human service organizations can serve as a resource to other agencies and citizens. The concepts of Basic Assurances™, social capital and partnerships apply to support staff, volunteers, and agency management. Without adequate support for themselves and their families, first responders, social capital networks and self-advocates will be limited in the support they can offer to their community.

• **Because everyone’s connected** – Public health, emergency medical services, police, fire, communication, and transportation resources must be connected to organizations supporting people. The See *Hurricanes* page 14

ANCOR Welcomes New Members

**Northeast Region**
Rich Carman, Regional Director
KFI
Jim Meehan
Millinocket, ME
(207)-723-9466

**At-Large**
Eric Latham, At-Large Director
Sparc Enterprises, Inc.
Bill Wasserman
Grants Pass, OR
(541)-476-8241

ANGER STRATEGIC GOALS

• ANCOR will position itself as a knowledge broker assisting customers/stakeholders, as well as emerging customer groups, to provide the most effective, state-of-the-art services to those they serve.

• The composition and structure of the ANCOR Board will be reorganized as necessary to achieve the vision and mission of the organization.

• The composition of ANCOR staff and leadership will be enhanced to meet the skills, knowledge and flexibility required to serve customers and manage the issues impacting private disability providers and their customers.

• ANCOR will serve as a catalyst for national efforts to enhance self-direction, choice and allocation of resources for customers/stakeholders across a broad spectrum of service models.

• ANCOR will serve as a national leader on federal Medicaid issues and a knowledge broker and source of assistance to members on state Medicaid initiatives.

• ANCOR will raise awareness and help define a national working definition of quality services for all stakeholders.

• ANCOR will secure financial resources sufficient to achieve its goals, mission and vision.
ANCOR Debuts “Partners in Community” Video

Take a few minutes to view ANCOR’s compelling new informational video, “Partners in Community.” A business-card-sized CD version was mailed to all ANCOR member agencies in mid-November, and the video can be viewed on the ANCOR website at www.supportnac.org/media/ancor_video.rm.

The video was debuted at the Alliance for Full Participation Summit to very positive reviews. We encourage you to view the video with your staff and Board members and encourage your state provider association to do the same.

Our sincere thanks to the sponsoring companies that made the video possible:
• Cherry Hill Books
• Colonial Insurance Agency
• Esteam

Please consider these sponsoring companies when choosing products and services. And, special thanks to Keystone Human Services for sharing their resources, staff expertise and production know-how.

“Partners In Community” Video Sponsor Profile

We wish to thank Colonial Insurance Agency for their support in sponsoring ANCOR’s new “Partners in Community” information video. We encourage our members to consider the Employee Retention and Communication Program for ANCOR Membership that is offered through the Colonial Agency. We will be profiling other sponsors of this video in the coming months so that you can learn more about their products and services.

The Colonial Insurance Agency, LLC is an independent insurance agency providing Commercial (Property and Liability), Personal (Home, Auto and Life) and Group Benefits to clients around the country. Colonial is an affiliate of Arthur J. Gallagher & Co. who is ranked the 4th largest insurance broker worldwide with more than 60 office locations throughout the United States. This affiliation enables Colonial to maintain a meaningful presence within the insurance marketplace benefiting their clients with many resources.

Colonial specializes in offering the above services to Provider organizations within the disability field throughout the U.S. Most notably, Colonial provides the Employee Retention and Communication Program for ANCOR Membership and has recently expanded this program to ANCOR state affiliates.

Colonial attempts to be involved in the disability industry beyond insurance. Representatives from Colonial participate in and organize charity events for providers. A representative also sits on the ANCOR Foundation Board enabling the agency to remain in tune with the needs of the disability community beyond insurance.

For more information on the Employee Retention and Communication Program for ANCOR Membership, email Ross Setlow: ANCOR@colonialagency.com.

Hurricanes continued from page 13

The strength of the connections, the ability to mobilize resources and carry out plans rests on the trust and reciprocity within communities. Support systems and people can provide the greatest assistance when they trust that emergency responses will be available to them.

• A recipe for life – not just emergencies and disasters.

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AUTHOR LINK James Gardner, Ph.D., is president and chief executive officer of The Council on Quality and Leadership. Contact him at 410-583-0060 or email him at: jgardner@thecouncil.org.

Job Opening in Your Agency?
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The new Supports Intensity Scale helps everyone discover the true support needs of people with cognitive disabilities.

The Supports Intensity Scale (SIS) is a new planning tool for professionals with a unique, positive approach to determining support needs—not deficits—of people with cognitive disabilities. SIS helps you get all the practical information you need for life planning through an interview process that engages all stakeholders—the person, multidisciplinary staff, and family members.

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- Solid knowledge of needs and life goals identified by the respondent

The Supports Intensity Scale is the first scale based on the contemporary, supports-based definition of mental retardation. SIS was developed over five years by a panel of disability experts and is published by the American Association on Mental Retardation.

Here’s your opportunity to empower people with intellectual disabilities to plan a life of their choice. Discover the Supports Intensity Scale today!

The new Supports Intensity Scale includes a test instrument and a companion manual that includes 3 case studies and guidelines on how qualified professionals can integrate SIS into the person-centered planning process.

“For those of us who work tirelessly for self-determination and the full inclusion of citizens with developmental disabilities in community life, our ship has arrived.”

—Stephen Hall, Executive Director
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SIS set includes one Manual (128 pp.) and 25 interview forms (8 pp. each)—$125
Forms can be purchased separately for $38.75 (25 forms) and $147.25 (100 forms)

See sample SIS interview forms, case studies, FAQs, and much more at www.aamr.org
Louisiana Gov. Kathleen Blanco had declared a State of Emergency, so Normal Life West Bank Executive Director Jennifer Vath called Community Alternatives Louisiana Executive Director Jennifer Scheaffer to see if she had seen news broadcasts highlighting the seriousness of the impending storm. Following the call the ResCare Louisiana team went into high gear to evacuate approximately 250 people they support and another 70 to 100 employees with family members from the New Orleans area. Initially, evacuees were housed at three sites: a Methodist conference center near Alexandria, a Girl Scout camp near Lake Charles and a number of group homes in the Lafayette area.

By the time Katrina hit the shores of Louisiana on Monday morning, ResCare employees had already been working around the clock providing for the people they support. Many of those same employees had lost homes and were unable to contact family and friends.

“It took me six days to find my husband and eight days to find my mother,” said Direct Support Professional Brenda Johnson, who added her family members survived the storm and were OK.

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But Ms. Johnson, like many other ResCare employees, remained with the people they served while facing unanswered questions about the safety of their own families. Despite dire circumstances, the employees remained upbeat and worked tirelessly to meet the needs of the people they support.

“Our employees have been heroes,” said Ms. Scheaffer. “They worked 24 hours a day, seven days a week. They haven't lost their spirit ... even with heightened emotions, they have pulled together and worked as a team and have done everything that needed to be done here.”

Direct Support Professional Barbara Tate was heartfelt in her dedication to the people she helped evacuate “We thank God. We give God all the glory and all the praise because it could have been worse,” she said. “But, we got out the individuals we serve, the individuals we love. They are our family.

In the meantime, ResCare had already begun its assistance efforts. Southern Region Vice President Allen Marchetti assembled a crisis team of administrative staff in Louisiana, regional office staff in Georgia.
ResCare continued from page 17

and a cross-departmental group from the ResCare Resource Center in Kentucky.

The challenge was huge and the details daunting. The team had to make sure resources were in place to meet the daily needs of the people we support as well as locate and notify their families. Staff evacuees needed housing, clothing and food. Some employees who evacuated with the people they supported brought family members, who had to share living quarters and other supports.

Consulting Support Teams (CSTs) were assembled from ResCare operations across the country to assist direct support professionals and other displaced staff in Louisiana. The CSTs did more than just provide relief for direct support staff. They formed a support system for employees who had been separated from their families and needed help to take care of their basic needs. “The CSTs took people under their wing while they waited for FEMA reimbursement,” said Judy Allen, a member of a CST from ResCare New Mexico.

ResCare eventually had to find better housing solutions for the people we support when it became apparent that the vast majority of homes in the New Orleans area would no longer be livable. In a series of airlifts using chartered planes, more than 50 people we support were moved into group residences in Texas and another 27 were transported to Indiana. The rest moved into homes in the Lafayette and Lake Charles areas or returned to homes north of New Orleans that weathered the storm.

The airlifts left a number of direct support professionals with even heavier hearts. In addition to being separated from their families and losing their homes and belongings, some had lost the feeling of family they had grown to treasure from the individuals they served.

“The hardest part for me was when (the people we support) were separated and moved out of town,” said Direct Support Professional Carron Jackson of Gretna, LA.

To address the tangible needs of employees who were displaced, ResCare extended a company-wide challenge to raise funds for its SHARE (Support, Help, Assistance, Relief Effort) fund to assist employees affected by Katrina. With matching funds from ResCare, employees were able to collect more than $300,000 in donations to help displaced workers in need. ResCare has committed to providing workers who have had to relocate to other states priority in consideration for employment in cities where ResCare has operations.

The devastation caused by Hurricanes Katrina and Rita forever changed the lives of a host of ResCare employees and the people they support. Yet many ResCare employees remained steadfast in their commitment to the people they support while their own lives were in limbo. In keeping with ResCare’s mission, “Building Lives, Reaching Potential”, they pushed themselves to the limit to make sure the people they support maintained a high quality of life.

Sterling Rouse is Communication Coordinator for ResCare Resource Center in Louisville, KY. He can be reached at 502-394-2221 or Srouse@rescare.com.
ANCOR Members Attend the National Association of QMRPs

Jan Hannah and Catherine Hayes

ANCOR member Jan Hannah, Community Living Concepts and ANCOR consultant Catherine Hayes of H & W Independent Solutions, joined more than 500 participants from all over the nation to celebrate the 10th Annual QMRP conference in Las Vegas, NV.

The annual conference brings together QMRPs, case managers, service coordinators, and providers from across the U.S. and sometimes from such far away places as Australia and Canada. This year’s conference started with two, one-day intensive pre-conference sessions. Two CMS Region 5 staff, a state surveyor and two provider/consultants taught one session, entitled “Q-Tips.” Attendees left that session with a wonderful resource manual and a fresh perspective. The other pre-conference, “Beyond Reporting: Scanning Your Organization’s Horizon to Prevent Abuse and Neglect,” was taught by Steve Baker from Trinity Services and Amy Tabor from Organizations Dimensions. Attendees left this session with tools for reducing the risk of abuse and neglect within their organizations.

The next two days included keynote presentations from David Braddock and Art Dykstra and over 50 breakout sessions. NAQ’s conference targets anyone who coordinates/oversees the supports and services of individuals with an array of developmental disabilities. The conference’s overall goal is to remind us of the challenges we face and the responsibilities we have, while also providing resources of all kinds to assist us when we returned home to those challenges and responsibilities. More important, the conference left us invigorated, better prepared and with a renewed dedication to provide quality services and supports.

This year NAQ members overwhelmingly adopted its own code of ethics, which emphasizes the professionalism as well as the responsibilities of those who fill such roles. The 2006 conference is scheduled for August 8-11, 2006, in San Antonio, TX, or if you’d just like to learn more about NAQ as an organization, contact Holly Janczak at hjanczak@trinity-services.org and don’t forget to visit the web site at www.qmrp.org.

Catherine Hayes, H&W Independent Solutions, Inc. can be reached at chayes@aol.com. Jan Hannah is Executive Director of Community Living Concepts. Contact her at janhannah@hotmail.com.
Why accreditation with The Council on Quality and Leadership (CQL)? “Experience”, “meaningful data”, “proven solutions” and a “revitalized organization” – just a few words that our customers use about their experience with CQL Accreditation.

CQL Accreditation promotes real person-centered solutions to the challenges facing service providers today. For years our methods have led the field, and as our customers will tell you, CQL Accreditation is more than just a one-time event; it’s an ongoing journey to excellence. Grounded in person-centered outcomes, CQL Accreditation measures your direct impact on the lives of people receiving services and offers:

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ANCOR Member Highlight

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

Our November/December Highlight is YAI located in New York under the leadership of Dr. Joel Levy, CEO.

YAI/National Institute for People with Disabilities Network Wins Prestigious State Award for Workplace Excellence

The YAI/National Institute for People with Disabilities Network has won the “Psychologically Healthy Workplace Award” in the non-profit category from the New York State Psychological Association (NYSPA).

According to Dr. Rita Perlin, NYSPA President, the YAI/NIPD Network was selected as the recipient of the award for its psychological and health promoting programs including those that foster employee involvement, family support, work/life balance, employee growth and development and health and safety. “The staff is encouraged to offer ideas and attention is paid to those ideas. The culture of the YAI/NIPD Network is one that enhances self-esteem and feelings of being valued.”

NYSPA Workplace Award Chair Dr. Dianne Polowczyk added that the YAI/NIPD Network, a national leader in the provision of services, education and training in the field of developmental and learning disabilities, gives its employees superb benefits and a formal career ladder. The award is supported by the American Psychological Association, and presented annually.

“Our philosophy has always been that our staff is our greatest resource,” said Dr. Philip H. Levy, President and Chief Operating Officer of YAI/National Institute for People with Disabilities, one of seven agencies within the YAI/NIPD Network. “For nearly 50 years, we have made it a priority to create programs, policies and partnerships that provide staff with opportunities to enjoy a satisfying work experience that is balanced with their personal well-being.”

ANCOR Calendar

2006

March 19-21 ANCOR’s 2006 Management Practices Conference The Westin Peachtree Plaza, Atlanta CA

News Briefs

CARF Board of Trustees Restructures

In a major reorganization of its composition and responsibilities, the CARF Board of Trustees voted to become an 11-member board of directors beginning January 1, 2006. The streamlined structure is the result of the board’s multiyear governance review.

The board of directors’ new bylaws ensure that the board is representative of the markets CARF serves and persons served.

CARF’s sponsoring members, who hold voting seats on the current board of trustees, and associate members will voluntarily transition next year to a new entity, the International Advisory Council (IAC). One of the IAC’s principal responsibilities will be to provide input for developing and adopting new and revised accreditation standards. Bonnie Jean Brooks, CEO of OHI, will serve as ANCOR’s representative to the IAC.
State Association Executives

Arizona
Arizona Association of Providers for People with Disabilities
Bry Nunnion (480) 357-8445 www.azapdd.com

Arkansas
Developmental Disabilities Provider Association
Randy Averity (501) 907-5337 arksandopa.org

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California Association of Health Facilities
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The Institute on Public Policy for People with Disabilities
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New York State Rehabilitation Association
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New York State Rehabilitation Association
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Ohio Association of Developmental & Mental Retardation
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Oklahoma
Oklahoma Association of Community Based Services
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Pennsylvania Association of Resources for People with Mental Retardation
Shirley Walker (717) 236-2374 www.papr.net

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Community Alliance of Providers of Wisconsin
Richard Berling (608) 223-9110 http://www.capow.org/
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.