

ORGANIZATIONAL CHANGE



CHANGING VISION
INTO ACTION



CQL | The Council on
Quality and Leadership

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CHANGE IS DIFFICULT, BUT CHANGE IS NECESSARY.



**It is easier to be the Changer,
than the Change.**

SUCCESS FACTORS



**Stay focused on the mission,
and the individuals you support**

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What Usually Happens

Rate of acceptance varies by knowledge of what is happening

- 10-20% will be In favor
- 60-80% will be on the fence
- 10-20% will be opposed



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Normal Reactions To Change

- Hope It's Not Real, "I Can Outlast Them"
- Impact on Me - Lots of Questions
- Fight It - Passive or Blatant
- "Prove It to Me"
- Support It
- Embrace It



- Resistance comes in different forms
- Don't take it personally
- Some will never accept
- Resistance is not necessarily bad



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Fear Of Losing

STORY
JOB
FOCUS
REPUTATION
PASSION
FRIENDS
RESPECT
PRESTIGE
CONNECTION
COMPETENCE
CULTURE
CONTROL
UP
DOWN

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Why Change Fails

- Misunderstandings
- Power plays
- No “say” In process or outcomes
- Self interest overrides everything
- Fear of the unknown



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Communication Guidelines

- Need champions
- Talk to people in person
- Tell the truth
- Let people express their feelings
- Discuss the real issues



- Describe the change completely
- What is the best possible outcome?
- Timetable
- How will we recognize success?



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Where is this going?

- Enhancement/Expansion of Rights—Same as everyone else
- Requirements for demonstrated/evidence based individualized and person-directed service delivery
- People must be supported to have maximum control over their lives and day-to-day decision making
- Feds are raising the bar; not just CMS, Justice Dept. too, i.e., Olmstead enforcement

Over time, this means states will be holding providers to a higher degree/expectations for **true person-centeredness in future compliance/enforcement activities.**

General HCBS Settings Requirements

- The setting is **integrated** in and supports **full access** to the greater community
- Is selected **by the individual** from among setting options
- Ensures **individual rights** of privacy, dignity and respect and freedom from coercion and restraint
- Optimizes **autonomy and independence** in making life choices
- Facilitates **choice** regarding services and who provides them

General HCBS Settings Requirements

ALLOWABLE HCBS Settings

- Are integrated in and support access to the greater community
- Provide opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources
- Ensure that individuals receive services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services
- Enable the selection by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting
 - Person-centered service plans document the options based on the individual's needs, preferences; and for residential settings, the individual's resources.

Specific HCBS Settings Requirements

Provider-Owned or Controlled Residential Settings

- Specific unit/dwelling is owned, rented, or occupied **under legally enforceable agreement**
- Same responsibilities/protections from eviction as all tenants under landlord tenant law of state, county, city or other designated entity
- If tenant laws do not apply, state ensures lease, residency agreement or other written agreement is in place **providing protections to address eviction processes and appeals comparable** to those provided under the jurisdiction's landlord tenant law

Specific HCBS Settings Requirements

Provider-Owned or Controlled Residential Settings

- Each individual has **privacy in their sleeping or living unit**
- Units have **lockable entrance doors**, with the individual and appropriate staff having keys to doors as needed
- Individuals sharing units have a **choice of roommates**
- Individuals have the **freedom to furnish and decorate** their sleeping or living units within the lease or other agreement
- Individuals have freedom and support to **control their schedules** and activities and have **access to food** any time
- Individuals may have **visitors at any time**
- Setting is **physically accessible** to the individual

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Specific HCBS Settings Requirements

Provider-Owned or Controlled Residential Settings

Modifications of the additional requirements (i.e., rights) must be:

- Supported by specific assessed need
- Justified in the person-centered service plan
- Documented in the person-centered service plan
- Meet the additional specific criteria outlined in the regulations

The HCBS Settings Requirements clarify, enhance, and expand the rights of ALL people receiving Home and Community Based Services—should be the same as the rights we enjoy as citizens

Evidence of **ALL** of the following for a **YES**:

- Plan developed in conjunction with the person
- Reflects his/her meaningful priorities/goals
- Relates to ISP (if ISP not person-centered, there is attempt to rectify by staff with MSC)
- Have plan reflective of person's current desires
- At least one clear goal that moves the person towards what is most meaningful to him/her
- Informed choice

Evidence of **ALL** of the following for a **YES**:

- Includes Person's Priorities for Meaningful Activities
- Informed Choice evident
- Positive safeguarding, not risk elimination
- Person First and Plain language
- Person empowered to drive the process, request changes, etc.
- Person satisfied with the process

Informed Decision Making

Education & Experience

- Provided in a manner that is meaningful and understandable to the person
- Directly related to the choice in question

Empowering and Enabling Individuals' Rights

- Person's right to make decisions is consistently reinforced in daily life:
 - Empowered to say or demonstrate what I think and want
 - Supports respond accordingly
- People are supported in:
 - Big Life Decisions
 - Everyday Life Decisions

- How to provide informed choice?
Exposure – Education - Experience
- How to respect one's choice after they have weighed up their options?
- The right to risk – What does that mean when applied?
- How to keep up with people's changing preferences and new discoveries?
- What does a good life look like to each person?

Section 4: Person has full access to broader community -- Integration and Community Access

- a. The person is **encouraged and supported** to have **full access** to the community based on their interests/preferences for meaningful activities **to the same degree as others** in the community.
- b. The person **regularly** participates in unscheduled and scheduled community activities in the same manner as individuals not receiving HCBS (CMS Exploratory Question).
- c. The person is **satisfied** with his/her level of access to the broader community and the support provided to pursue meaningful activities for the period of time that he/she desires.

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Full Access To Community

- **Access to information** about activity options
- Staff facilitates **individualized choice from among array of options**
- Person is connected to **actual “experiences”** of interest to him/her
- Support to engage in what is **meaningful** to the person
- Encouragement/empowerment to **try new things**
- **Transportation and natural supports/community resources**
- Spontaneous requests for participation enabled
- Person is satisfied with how often they go out and what they do
- Like people without disabilities, people receiving HCBS choose where they go and when
- Can still be integrated in the community if located in a rural area as long as people can travel around and participate in community life in the same way that other people who live in that community do

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Full Access To Community

DOES NOT MEAN:

- The **only** time a person is ever in the community is on a “group trip”
- All **activities scheduled by staff** without input from individuals/others re: interests/preferences
- People only frequent community through same **limited set of activities** or with **little variance/ options offered**

Section 10: “Freedom and Control over Own Schedule and Activities”

- The person is aware that he/she is not required to follow a particular schedule for waking up, going to bed, eating, leisure activities, etc.
- The person is encouraged and supported to make their own scheduling choices according to their preferences and needs.
- The person has access to such things as televisions, radio, computer internet, and leisure activities that interest him/her and he/she can schedule and enjoy these activities at his/her convenience.
- The person is satisfied with his/her schedule of activities and knows how to request assistance with changes if he/she wants to.

Section 10: “Freedom and Control over Own Schedule and Activities”

- ‘The setting **optimizes but does not regiment** individual initiative, autonomy, and independence in making life choices’
- People should not have to follow rigid schedules if inconsistent with their preferences and priorities even if they had some opportunity to set their schedule.
- Activities of one’s choosing even if not included in a predetermined menu of options

Section 10: “Freedom and Control over Own Schedule and Activities”

- People have the ability and support to make last-minute plans or decisions about how to spend their free time like everyone else.
- Person’s need for support is not a reason to not have options or to only have his/her choices supported when provider agrees
- Stringent rules/routines for administrative convenience i.e. lack of staffing is no longer acceptable under HCBS Settings requirements

Section 5: Relationships

- a. Person is encouraged and supported to foster and/or maintain relationships that are important and meaningful to him/her.
- b. Person regularly interacts with people who are important to him/her (who are not paid to spend time with him/her) and is satisfied with the type/frequency of interactions
- c. The Person is able (i.e., allowed) to have visitors of his/her choosing at any time

Section 5: Relationships

-- Key Interpretation Criteria

- Ongoing and consistent support to foster and maintain relationships
- Evidence that the person regularly interacts with people who are important to him/her
- The person is satisfied with number/type of relationships and frequency of interaction
- Visitors

Arrangement/ Roommate

- Person is satisfied—he/she does not express a desire to move or have another roommate
- If person is dissatisfied, provider staff is assisting/supporting the person to resolve issues and/or to seek out other alternatives—there must be evidence of proactivity

“Access To Food At Any Time”

- “A person should not be presented with narrow meal and snack options, decided by someone else, without input from the person.” (79 Fed Reg. 2965-66)
- Food options should not be unreasonably limited.
- ‘Requirement would not be satisfied by choice between a granola bar or pitcher of water and crackers’

Requirements if Rights Modification is Necessary...
Evidence of **ALL** of the following for a **YES**:

1. ID of specific assessed need
2. Documentation of positive interventions and supports used prior to modification
3. Documentation of less intrusive methods tried
4. clear description of condition in direct proportion to the assessed need
5. Inclusion of regular collection/review of data to measure effectiveness of modification
6. Established timeframes for periodic review
7. Informed Consent of the person
8. Assurance that interventions/supports will cause no harm to the person

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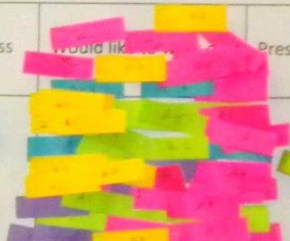
Why Study The Future?

- No one knows what will happen
- Opportunities as well as danger
- Change needs to be constructive

KEY FACTORS & SUCCESS INDICATORS FOR PERSON-CENTERED SERVICES



Think about the 7 Key Factors and 34 Success Indicators listed. Place a check mark into the area where you believe they best fit your organization.

Key Factors	Success Indicators to promote self-directed services and person-centered excellence	Contributes to success	Would like to see	Presents a challenge
Assessment/Discovery	<ol style="list-style-type: none"> 1. People feel welcomed and heard ★ 2. People have authority to plan and pursue their own vision ★★ 3. Assessment of needs is fair and accurate ★★ 4. Assessment identifies personally defined quality of life ★★ 			

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Becoming A Learning Organization

- Learning Organizations take risks
- Learning Organizations partner with individuals who will challenge them
- For every person considered “too disabled” to work, someone somewhere has figured it out for a person with similar needs

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Becoming A Learning Organization

- Every improvement in services for people with severe disabilities has been a movement away from institutions and segregation and toward community and inclusion
- Learning Organizations need leadership to move toward building social ties.

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What Learning Organizations Do

- Relentlessly upgrade their team
- Use every encounter as an opportunity to evaluate, coach and build self-confidence.
- Make sure people not only see the vision,
 - They **live** it.
 - They **breathe** it.
 - They **own** it.

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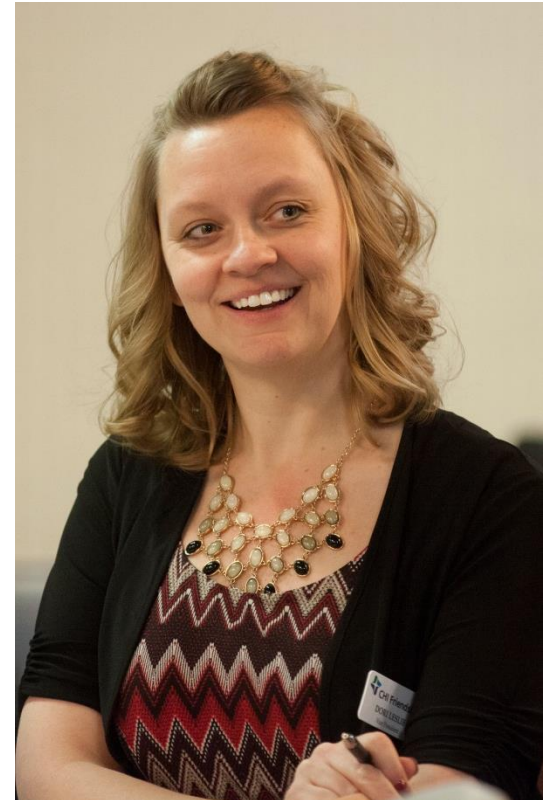
What Learning Organizations Do

- Inspire risk taking
- Encourage learning by setting the example
- Celebrate success
- Establish trust with candor

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What Learning Organizations Do

- Laugh
- Positive energy and optimism
- Have courage to make unpopular decisions and gut calls
- Probe and push with a curiosity that borders on skepticism
- Make sure questions are answered with action



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Where We Used To Be

- Lincoln State School
- The Rules if you left
- Notify us
- Don't drive a car
- Do not drink alcohol
- Do not get married
- Do not buy on lay away



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Unprecedented Opportunities

- Live more than a century
- Conquer Disease
- Gold Among Gray
- Smart Houses



**The club that kills can drive a stake into the ground
to build a shelter.**

**The spear that takes a life can be used as a lever
to ease life's burdens.**

**The knife that cuts flesh can be used
to cut cloth.**

**The hand that builds bombs can be used
to build schools.**

**The mind that coordinates the activities of violence
can coordinate activities of cooperation.**

“We have long recognized that
PEOPLE WITH DISABILITIES
are some of our nation’s greatest untapped resources.

We believe that **ALL** persons with disabilities
must be fully integrated into mainstream society,
so they live **fulfilling** and **rewarding lives.”**

- President Bill Clinton, 1992

Innovation Is As American As Apple Pie

- New products every 30 minutes
- YET, we still have so much technology untouched
- Global World
- YET, we can't convert sheltered workshops to models for building social capital.
- Computers can Drive Cars
- Yet, we are afraid to tear down brick & mortar to get to outcomes.

For Changing The Way You Handle Change:

- Stop the history
- Don't wait for instruction
- Don't Play it Safe
- Try not to break things
- Do what works
- Take initiative
- Take more risks
- Welcome destruction

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Rethinking Our Policy

- Control
- Choice
- Dignity
- Rights
- Personal Goals
- Self- Advocates as Policy Makers



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Off To See The Wizard

- Friends
- Mutual Respect
- Interdependence
- Courage
- Informed Choices
- Freedom to go HOME





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CQL is dedicated to the
definition, measurement
and improvement of
personal quality of life for
people receiving human
services and supports.

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