**Culture Change Consultant**

The culture change consultant will provide leadership to effect a cultural shift from focusing on inputs to focusing on outcomes in the Ohio waiver system. This will be accomplished by achieving the waiver reimbursement and technology pilot deliverables.

**Rationale**

Essential to the promotion of systems change is the ability to develop and nurture relationships with key stakeholders in systems change efforts. The change agent must recognize the import and challenges of changing the provider culture.   The first step in changing individuals, the state, county boards and providers to a new operational perspective is to assist everyone to recognize that the new approach is at the core of the system’s mission and purpose for existence.   Viewing fiscally efficient tools using a standardized approach to contemporary practices such as person-centered planning as a basis for the philosophy and values upon which program models are based, rather than as a political concept, is a solid first step toward assisting stakeholders to see the value of the proposed change. This consultant will be primarily focused on working with providers, but will also work with other stakeholders as they invite the consultant to do so.

The private provider system, unlike the medical model of institutional systems, was founded upon a strong belief in the value of the individual and not in the preservation of bureaucratic systems. The pilot will challenge the values and systems that are in place and perpetuated by the medical model of service and a historic focus on activities instead of outcomes.   Therefore, having pilot participants committed to the idea of the next stage of innovation is as much about eliminating their fears, practical and imagined, as well as the gaining of new knowledge and hands-on experience.  Fears have to be addressed by system leaders if DODD, county boards and providers are to be expected to participate in testing the pilot concepts.

**Project Deliverables**

1. Complete a work plan that uses an iterative approach to consultation, that includes the cycles:
   1. Assessment
   2. Plan
   3. Design
   4. Implement
   5. Measure
   6. Feedback
   7. Revise the plan and design
2. Complete a comprehensive assessment of the current environment of individual/family member, state, county and provider interfaces and cultures, to determine what change needs to be in place to design, implement and evaluate the following components of the pilot:
   1. A weekly billing unit that shifts financial risk and reward to providers
   2. A system for measuring the impact of provider services on individual’s lives.
   3. A shift in focus from activities to outcomes
   4. A decrease in the administrative burden for the state, county boards and providers
   5. achieving the same or improved outcomes.
3. Establish a shared agreement about the need for reform in the areas of service financing, planning, delivery and evaluation. This pilot has the potential for far reaching social and financial impacts. So, consultation will not be a single conversation but a series of opportunities to create understanding about the pilot among those it will likely affect or interest, and to learn how these external parties view the pilot and its attendant risks, impacts, opportunities, and mitigation measures. Listening to stakeholder concerns and feedback can be a valuable source of information that can improve the pilot design and outcomes and help OPRA to identify and control external risks.
4. Facilitation of information sessions that describe the project in a way that is clear and enthusiastic, rallying providers behind this new “label” of service provision while simultaneously being sensitive to not making it sound like something new has been invented.  Include principles that providers have been applying to their work to date.
5. Create a list of suggested parties to include and ways to solicit input from all those sources while being careful not to create a cumbersome system that does not allow decisions to be made and movement forward.
6. Clearly define the roles and responsibilities of individuals, family members, county boards, the state and providers. This will include the specific ways in which each party’s input and expertise will be valued in this pilot process.
7. Identify criteria for inclusion of relevant members in the decision making process.
8. Provide ways in which individuals can be trained to express their views and needs without being irrational about their “power” and to balance choice with responsibility.
9. Develop strategies with funding sources and public policy planners that allow them to protect the financial interest of the provider community.
10. Design and host ongoing gatherings to present new information and to solicit feedback from pilot participants.
11. Create and support workgroups that have a set function, time line and goal (such as providing specific recommendations for updating and/or revising processes, forms and materials).
12. Provide ongoing technical assistance by phone in response to provider questions and issues.
13. Reinforce the efforts of the providers who have taken the risk of pilot participation.
14. Provide on-site consultation a minimum of 60 days (an average of one week per month for 12 months).

**Qualifications**

* Expert with the IDD system
* Expert in person centered planning
* Understanding of Medicaid
* Working knowledge of HCBS waiver requirements and construction
* Experience with major systems reform efforts, specifically with IDD waiver system
* History of implementing outcomes-oriented social services systems
* Available to begin work in Ohio within a few weeks and to commit to regular travel/work with Ohio over 12 months

**Interested parties may send information by March 8, 2013 to:**

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