

September 27, 2017 Webinar: Business Acumen: Tools to Help You Succeed!

Good afternoon, everyone. This is Erica Anderson, Senior Director and I'm pleased to kick off today's webinar. The webinar is "Business Acumen: Tools to Help You Succeed. This webinar is presented to you by the Business Acumen Center, which is part of the Disability Network Business Acumen grant, managed by the Administration for Community Living. Today we will hear from two speakers, Lindsay Baran from NCIL and Kim Opsahl from ANCOR. Lindsay and Kim will present an overview of the content being developed for the business acumen toolkit and identify the chapters as part of the webinar series. Before the presentation is over I would like to do a quick recap of what we talked about over the last several months. We will have time for questions at the end of this webinar and we ask you submit your questions in the comment box in the lower right corner of the screen.

Over the past several months we have applied the information about the work being done for the disability network business acumen center. We began the webinar series with a general overview of managed care and MLTSS.

The roles of MLTSS programs and where we are at today in 2017, managed care for long-term services support using the managed care model for services delivered in the community and this is the map of the states using this before model. What we shared was there was a map of expansion between 2011 and 2013 with new programs and expansions of regional programs. In 2014 there was growth in dual demonstration programs integrating Medicare and Medicaid financing and other states currently planning to start MLTSS programs, New Hampshire, Pennsylvania and Virginia are examples between now and 2018.

We talked about how business acumen fits in. In managed care and MLTSS programs and the work of CBO's. The administration for community living and other stakeholders have a desire to ensure community-based organizations such as the centers for independent living, aging and disability resource centers and others are part of the involving delivery service system -- serving people with disabilities is preserved. This is an interaction and collaboration in a new space. What we are hoping to help facilitate is helping CBOs understand the markets, your competitors and your business case in this new environment.

To learn more about the needs of the CBO community, we ask CBO's, managed care organizations and states to respond to an environmental scan and needs assessment survey. That helped us learn about-- their experience with integrated care, their organizations current capabilities and we are using those findings to drive our work. And largely in the areas of assistance, this webinar series we're going to be talking about today, a learning collaborative that brings together states and organizations and others to work on issues related to the business acumen and success of these systems in their communities and upcoming issue briefs.

We used the survey to identify the need for increased education. Of terminology. We highlighted the need for more education about the terminology specifically in managed care. That webinar is about the

intersection and use of business, health and the terminology used in community settings. We found to be heard we must tear. This requires we use and confirm and understand issues and concepts we are trying to communicate. Some examples that arose is we were talking about quality. A CBO might interpret this -- service provided whereas a pair might be looking to qualitative information that indicates the service has resulted in better outcomes. Another example when talking about the value proposition of the community-based organization program, the CBO might implement the quality of life were as the payer may be looking for documented improvements and outcomes. The importance of terminology is high and so this work is driving to help create bridges to ensure again we are heard and we share accurately what those needs are.

We had a health plan share information but they are looking for in a CBO when contracting. They provided useful tips and suggestions on how to build that relationship so together you can you best utilize each other strengths, meet your needs and serve people you have in common. Some of the tips they shared were to identify who to contact, how to prepare, know what you are going to say and know your goal. The open to what they come out of a conversation and listen to what they are looking for to understand the landscape you are working within and expectations from state contractors. What is time sensitive and so forth. That is a good time to approach the potential partner for collaboration. Knowing ahead of time what you hope to accomplish in that relationship and using your network. Who could be a resource or an asset to either get you in the door or help describe your value proposition. Think about priorities and what is most important to you as a CBO and what is important to the MCO and how you can link those priorities together.

We have two CBOs share their experiences working with managed care organizations. They shared with the relationship between the CBO and the health plan a strong you can help each organization fulfill their mission, reach performance, regulatory and quality goals and better understand each other and identifying were strengths and gaps lie.

We do this as a recap to remind everyone if you weren't able to make some of those previous webinars, they are archived and available at the link included in the deck on the nasuad.org website. That website contains the recording of the webinars and transcripts available for viewing.

This brings us to the information Kim and Lindsay are going to share today. Over the past several months the disability network business acumen center is focused on a wide variety -- variety of deliverables and to build the capacity of disability organizations to contract with integrated care enough -- to active active stakeholders in the development and implementation of integrated systems within their state. These key activities included the resource Center webpage which is the center stone of our work and provides a comprehensive space for space bar the resources being developed. The environmental scan and needs assessment survey which has provided vital information to understand the needs of our community-based

organizations relative to moving to more integrated care models or working within the systems. The monthly webinar series which we are participating in today. The learning collaborative which was kicked off at the end of

August with five state teams exploring key issues related to integrated care and working together to identify beneficial resources and solutions and the business acumen toolkit which we are going to explore today and this provides a framework for organizing resources and ensuring we are comprehensive in our approach. With that I'm going to have the

presentation to Kim Opsahl with ANCOR.

Thanks so much Erica and thanks to all of you for joining us this afternoon. I appreciate Erica setting the stage for today's webinar. As we turn our focus to the business acumen toolkit itself, we thought we would start with the three primary goals we are hoping to accomplish through the toolkit. First we are looking to create a useful and relevant repository of resources on key issues critical to successfully pursuing and developing integrated care partnerships. Second, we want to tailor those and other existing resources to the unique needs of disability focused community-based

organizations and third, focus on practical tools and resources and examples that allow you to quickly apply the concepts shared through the toolkit to the work you are engaged in.

In terms of how we approach the work, our fellow grant partner has led the development of the

toolkit in partnership with NASUAD, the other grant partners and our advisory committee which includes our grand partners, several health

plans and representatives from both senders from independent living and developmental disability organizations. The starting point for this work was the environmental standard needs assessment survey. For purposes of the toolkit we used this information in a couple of ways. One was to see what CBO's said in terms of their needs in being prepared to partner with integrated entities. The second way we used the information was to look at gaps between what plans and states identified as important skills and capacities for working in integrated care and what CBO's reported as their current skills and capacities. That information health focusing on areas that were both the highest need for CBOs and have the potential from the greatest impact in terms of putting them on that path to success. Mercer along with our grand partners began development of the toolkit. Each section introduces and includes an introduction, overview, tools and resources relevant to the topic. Today we will present an overview of these sections which will dive deeper in the next several months. This toolkit will serve as a resource for CBO's who are pursuing integrated care partnerships even though their state may not be moving to managed care as well as CBO's where majority of current service offerings are moving sometimes at a quick pace into the managed-care approach. As such we are continually looking for additional examples especially promising practices, resources and tools that address issues specific to disabilities

situations. We will release each chapter the same time we present that content in our ongoing webinar series.

As a result, the next six webinars will include a focus on stakeholder engagement, developing relationships with potential payers and community partners, negotiating and contracting, understanding and maximizing your financial position, articulating your business case and successful organizational change while maintaining your mission. Today Lindsay and I will give you a sneak peek into all six chapters to provide insight into the materials and information we will be sharing but as always we are interested in your feedback and thoughts as we share this preview. Please feel free to type in any suggestions or questions as we move through the material. Says the toolkit will serve as a living document meaning we will be adding to it over the course of our work through the resource Center we encourage you to e-mail businessacumen@nasuad.org with any examples you think we should include in the document or any needs you would like to have us address.

Let's start exploring the toolkit. In terms of the overall structure the toolkit starts with an introduction

overview which provides a quick description of each chapter. From that point each chapter is broken down into sub chapters which as I mentioned provide an overview of the topic, and sheer tools that may be helpful, identify issues to consider and provide resources for further support an exploration. In terms of using the toolkit there is no particular order in which the chapter should be reviewed. They can be reviewed independently or in sequential order, most appropriate to your needs as a community-based organization. For CBO's exploring multiple issues simultaneously, a lateral view in consideration of the chapters may be warranted. Narrow in on the chapters that may be relevant to your organization, we've included a series of assessment questions for each chapter within that introduction section. Responses will provide quick insight into the issues that will be explored and help determine the value that might add to your organization. The toolkit includes a glossary of terms related to business acumen and integrated help. For those of you who participated in the environmental scan and needs assessment survey, the glossary will look similar to the one we included with the survey as we used that as a base for the toolkit. The toolkit includes an appendix of all the tools referenced throughout so you have a quick and easy reference of those materials. Let's take a deeper dive into the substance of the six chapters.

The first chapter focuses on stakeholder engagement by exploring the stakeholder engagement process from beginning to end and why the process is critical to

achieving a CBO business objective. Sub chapters within stakeholder engagement include understanding stakeholder engagement, culture and timing interstates, educating staff end of the team members about the importance of stakeholder engagement and the stakeholder engagement lifecycle. In thinking about whether this chapter may be applicable to their circumstances, the CBO my want to reflect on whether there are any relevant state and local policies or regulations that might impact efforts to pursuing a partnership with the healthcare sector such as service restrictions and reimbursement opportunities. They may want to consider whether they have processes and practices in place to improve

communication internally and externally. They may want to consider to what extent the organization effectively communicate their brand and marketing strategy for the services to internal and external stakeholders as well as they have defined what stakeholder means in the context of their business development. They may want to consider whether they understand the timing of window engaged specific stakeholders and how to proceed to ensure stakeholders are receptive to outreach efforts.

To support CBO's with issues related to stakeholder engagement the toolkit reviews resources, examples and promising practices targeted at understanding the impact of your organization's culture on its approach to stakeholder engagement. Effectively engaging staff in the process to add value as well as avoid unintended consequences and using the stakeholder engagement lifecycle as a compass as you move forward toward your goal. There are several tools that have been included in this chapter to explore these issues. The tools are intended to support a CBO in organizing their ideas on stakeholder culture and goals so your values can serve as a foundation for your stakeholder engagement plan and guide efforts in that area. There are tools to help develop ideas on how to educate engaged staff in your stakeholder engagement efforts from being a part of the planning effort to help them consider their role and implementation. We have included tools to identify and develop stakeholder champions who can help with advocating on your behalf as well as facilitating contacts with potential

partners. Tools that will help with developing an engagement and engagement went to clarify goals and stakeholder engagement. And support effective communication strategies internally and externally as well as tools to evaluate your stakeholder engagement efforts and outcomes so you evaluate their impact and continue to build your stakeholder network. As I consider the material we have developed in this part of the toolkit, I think for developmental disability organizations, though I suspect this is likely true for the centers for Independent living as well, the value of this section is helping us cast a broader net and define what stakeholder means and building off and going on the traditional stakeholders such as the individuals we serve, their families, boards of directors and more traditional community partners by considering how those stakeholders provide critical insight into the relevance and value of our services but also how we can engage stakeholders in our business development efforts and partner with them to advocate for the value we bring to the table as well as help connect us with their networks to facilitate connections that may be too new business opportunities. Lindsay, in exploring this section was anything additional from the centers from independent living perspective that jumped out?

You made a great point. Like you said it is relevant for the centers of independent living as well. You hit the nail on the head when you talk about casting a broad net and defining who the stakeholders are. Another point of interest is working to engage staff and team members in the stakeholder engagement effort. Going to the chapter you realize in doing so the traditional method of stakeholder engagement can be expanded and that can will result in additional opportunities for partnerships so that is another exciting

piece. Speaking of partnerships, that moves us into the next chapter. The next chapter takes a deeper look at developing and sustaining relationships and partnerships key to the CBO's operations narrowing the pool to focus on relationships with potential payers and community partners. Payers are obviously a critical part of the CBO operations but it can sometimes be difficult to identify all the potential payers and developing strong community partnerships with a wide range of organizations is critical. Upon going to the sub chapters the goal is the CBO's will identify which entities are potential payers for your organization services, additional community partners to promote your business case and that CBO's will determine effective means of outreach and communication with all these

partners. In working through this chapter we want CBO's to understand their reasons or the purpose for pursuing new partnerships with the healthcare sector. CBO's aren't urged to reflect on whether they are prepared to undertake the work involved in pursuing these partnerships with the healthcare sector which includes taking into account to what extent they understand the new demands being faced by healthcare providers and payers. We want CBO's to reflect on the potential value and often the necessity of collaborative relationships with other CBO's and have these can help advance efforts to engage the healthcare sector as well. Working with organizations and associations or other groups having a broad group of community partners provides broad benefits. Throughout this chapter CBO's are encouraged to evaluate what strategies and processes they need to have a place to support decision-making and new business development as well as to what extent they have determined a strategy and structure for collaboration which includes communication, decision-making, conflict resolution and a lot of other things.

To assist with those efforts the toolkit has various issues to consider CBS may face and provides the tools to help address these issues. The first is it is important for CBO's to identify the full spectrum of potential payers. The toolkit helps CBO's do just that. This chapter helps identify a wide range of payers both public and private and once all potential payers have been identified the toolkit goes further to provide resources for identifying more specific or localized payers. Specific state Medicaid directors or local accountable care organizations and guys C BO's in had identify a specific point of contact. Another issue it addresses is understanding and evaluating have each community partners rule and contributions so bit into the CBO business objective. If that is CBO's have a strong understanding of the benefits and value of your CBO's work those partnerships can support business objectives in a variety of ways. The toolkit helps identify and gather information on all potential community partners and evaluate how each organization can aid in your CBO's business case and goes on to guide you and how to develop mutually beneficial relationships. The final issue identified is understanding effective follow-up communication. The toolkit provides information and tools on how to identify the right people at potential partner organizations as well is what's key information to communicate and when. The chapter addresses communication in practical

terms, for example e-mail versus calling versus in person meetings as well as messaging, for example how to customize partnership pitches

for different stakeholders. Effective and appropriate medication can make or break a relationship and the toolkit means to ensure CBO's are prepared to communicate effectively. I think this chapter is full of good information but one of the most exciting parts is the focus on targeting efforts to individual payers and partners. For CBO's looking to work with a wide variety of partners, having a better understanding of each potential partners priorities and needs and having specific strategies and methods for each will go a long way. This is probably relevant for most CBO's but I would be interested to hear from Kim about the DD perspective.

I would agree this is one of the strengths and opportunities of using the information in this particular section, certainly no different than our centers for Independent living and DD organizations are looking for opportunities to diversify payers and funders so they can build that sustainability as an organization. I think closely related to that, one of the things I see that is an exciting part of this chapter is it is a framework for looking at integrated partnerships out of the situation where there is a wholesale move into managed care. And looking more at those proactive opportunities that position our disability community community-based organizations to allow them to develop relationships outside of that traditional managed care but still within the framework of integrated care that helps them not just diversify their funding but to find those opportunities to be reimbursed for the value add they bring to the table that may not always be captured in the traditional structure or reimbursements they have available to them in existing services.

For me, this speaks to the third section in the toolkit which focuses on articulating your business case. It builds on that proactive framework by exploring guidance that helps CBO's to effectively develop and articulate a business case as well as assistance in considering what services to offer, how you craft your value proposition statement and how you tailor the proposition based on the different payers you may be engaging with in looking at their unique needs and perspectives. For CBO's, in terms of the sub chapters for this section, they focus on the specific steps. Deciding what products or services and services you might want to sell, identify the value add of those services as they currently exist or if you are considering modifications or branching into a new service category. Using outcome metrics to help you by taking your business case and demonstrate the value you bring to the table and marketing your business to two different payers. For CBO's looking at this chapter and trying to understand how it might be relevant to them, I would encourage them to do -- value proposition for the services they currently offer or are planning to offer both to their existing partners and payers but as well as those they may be considering partnering with in the future. Whether they have demonstrated the ability to articulate their service offerings and value in a way that values potential partners, including talking about return on investment and the outcomes for the person served as well as the system as a whole that we are hoping to see and achieve to the services you provide and to what extent the necessary skills put in your organization to make that business case for your services.

To support CBO's with issues related to articulating your business case, the toolkit provides examples and promising practices and other resources that help you explore and understanding customer needs and ensuring we are aligning those needs in a way that is driving your service development. Using your insight and experience to give meaning to data when describing the impact of your services. This is an area that should be particularly useful for CBO's and folks are often concerned if you look at just the data about services we provide to folks with disabilities, sometimes it doesn't tell the full story and I think the experience and insight you have from your years of doing this work will be helpful both in articulating your value but as well as educating and raising awareness about what is most important in the lives of folks with disabilities that comes to long-term services and support. And using marketing to advance your unique proposition. The tools we are putting together in this chapter to help explore these issues focusing on a couple key areas. One is to evaluate your current service offerings within the current environment and a way that helps you to clarify your current

strengths and the value you bring to the table as well is to consider how you build off of those strengths in terms of developing new opportunities. The tools will be helpful in terms of exploring and understanding your customers needs. Thinking about what those needs are and what that suggests in terms of gaps they may be experiencing, opportunities you might want to explore with them as well as the overall alignment of your services with what they have articulated in terms of their needs. We have included tools that will help you think about and to find the value and outcomes of the services you offer as well as helping you think about the evidence you might be able to point to or identify to help support that value proposition for ways you might think about measuring so you can develop the data necessary to help support the value added proposition you are moving forward. We have tools to help you put the information together and to craft a value proposition narrative that can serve as a foundation for your business development efforts as well as for your marketing efforts both in terms of creating the message that is central to your organization and consistent with your mission and values as well as messages that might be uniquely crafted for a particular partner. What I looked at this through that

lens of the developmental disability organizations this section is helpful in considering your business model and how that relates to the role of the lives you support. And to think about as the business model shifts or changes, what does that mean in terms of the impact on that role and nation ship you have? Another important take away, some of the tools and resources around thinking about outcome metrics are going to be helpful in thinking about how it is we are demonstrating our strengths. We know we do good work and that would include our centers for independent living as well so this helps us answer the question, how do we demonstrate the good work we're doing every day, as well as how that plays into the needs of our customers in terms of the people we serve as well as understand payers. Lindsay, anything else that stands is that stands out for you from the CIL perspective?

I think the points you pulled out are relevant to CIL's as

well. As to the independent living perspective one thing CIL's Excel at his understanding consumer needs and ensuring those needs drive the services and support available and I think in large part so many of us who work in the independent living community -- I think this chapter is exciting because it can help build on that knowledge and understanding and think about that in conjunction with outcomes to better articulate the real value added. Benefits to consumers can also mean more negotiating power with potential payers and partners and I think that is helpful for CIL's and other CBO assumed use their mission to drive the service provision.

This brings us into the next chapter, the next chapter takes a look at negotiating and contracting by providing some basic and a little more advanced information about how to have successful negotiations and contracts. In today's

environment, it is more important than ever for CBO's to effectively negotiate and contract. While many CBO's are doing this the specific steps involved are not always clear. This chapter helps break down that process. The chapter offers tools and resources to help CBO's accomplish their objectives in negotiating and contracting including an outline of the steps required to prepare for a negotiation and strategies to determine your CBO's market position. Upon reviewing this chapter we hope CBO's will be better able to understand the basics of negotiating including specifically negotiating with integrated care entities and the basics of contracting. In working through this chapter CBO's are encouraged to reflect on whether they have the necessary contract negotiation skills and strategies and provided with tools and resources to figure out how to develop these skills. CBO's are encouraged to identify and address

gaps in a negotiating and contracting process, identify the appropriate individual or individuals

for contract negotiation and gain a better understanding of effective contract procurement and management to preparing for growing their role within the larger health system. CBO's are encouraged to develop a strong understanding of their value proposition to help make their business case during a negotiation.

To assist with those efforts the toolkit identifies specific issues CBO's may face. For example the toolkit provides information on how to use your value proposition as a key negotiating

tool. In order to have a successful negotiation CBO's need to understand and articulate the full cost and the value of services being provided which are two but important things. The cost of the service has to be understood to make a profit. Understanding be doubted of service ads must be a part of the negotiation discussion. With both potential partners and payers being able to clearly articulate the CBO's value proposition can help them better understand the value added by the CBO services. Another issue the toolkit addresses is evaluating gaps in the CBO's current negotiating and contracting process. I providing several tools that delve into negotiating and contracting basics, and provide guidance to plan and improve these processes at each stage. CBO's can use the tools in the chapter to identify if they need additional resources or skills and address these gaps to achieve a better starting and ending positioned in a negotiation. This chapter

addresses understanding contracting resources and strategies, providing an overview on the basic elements and typical sections of all contracts to assist in contract creations once an agreement has been reached. Since effective contract procurement is becoming a requirement this chapter provides guidance on contracting strategies and resources for support in contracting. This chapter addresses how to measure the success of a contractual partnership. Negotiations they require compromised and concessions but you don't want that to be too complex. This chapter outlines the negotiations process including appropriate give and take from all parties which helps CBO's work towards achieving positive lasting partnerships. Having a basic grasp of all these issues goes a long way in being prepared for negotiations as well as achieving positive outcomes and successful partnerships. I think the topics covered in this chapter are vital and they are only becoming increasingly important as more states transition to managed care for the provision of long-term services and support. Many CBO's are finding themselves considering or joining managed-care networks which involves to partners and

contracts and I think the skills in this chapter are important with all partners a particularly timely considering the transition ministries in CBO's are going through now. From a DD perspective, what are your thoughts on this?

I would agree with your assessment in terms of the timing is key and critical in terms of elevating its importance. I think our DD organizations are seeing similar things as are the centers for Independent living in terms of moving in this direction pretty rapidly and wanting to be prepared with that skill set to be successful. It is closely related for as. You mentioned this in the first introductory slides, our DD organizations certainly have experience and are firmly with negotiating and contracting in the context of the typical business administration. Connecting with insurance providers, purchasing buildings and things of that nature. For me the value of this section is taking that skill set and thinking about how we use that as we move into negotiating and contracting for services provided. That is less familiar territory because many folks at least on the DD side of the world are only engaging with the state agency as the funder and that is not your typical negotiating or contracting space. Again, how we take the strengths we have and start building on those for the changing business environments we are working within.

Something that is closely related in certainly linked to that topic of negotiating and contracting is how do you understand and maximize your financial position which is the next section. That chapter explores how to use -- set their prices and maintain a profit is understanding the relationship between your revenues and expenses. Building on some of the concepts around the go shooting and contracting but then applying them and how to set the pricing and think about your cost and revenues in developing and advancing the services. The sub chapters for this chapter include understanding different reimbursement methodologies, understanding your costs, looking at service and the impact that might have an understanding her managed-care organizations manage -- for CBO's considering this chapter and whether it might be relevant to their current circumstances, I want to explore whether they've

gone -- undergone a process to determine the potential for new services or repurpose existing services for new potential payers or

partners. Whether they have developed the necessary financial acumen to evaluate the services model being explored. Whether they have estimated the total cost of the service model delivery including staff and training materials, technology and overhead and all those factors that go into delivering that

service. Whether they are in a position to break out total cost into fixed and incremental for this initiative. To what extent they understand the impact of those various pricing options or reimbursement methodologies on the revenue, profitability and cash flow and whether they have evaluated their own return on investment.

In terms of the issues we explore in this chapter, we are looking at exploring the pros and cons of various reimbursement methodologies and their impact on your organization. One tool we have included to help with that is a tool that helps you conduct a breakeven analysis so as you are looking at those different methodologies you can understand what the impact might need for your organization and how you start thinking and planning around that. We explore strategies to use cost information to identify some of your high-cost activities and pinpoint areas for potential improvement. Looking at including tools that help inform your decision-making both on the services you are currently providing as well as those you may be considering offering because of new partnerships or opportunities. Beyond that a couple of issues that are related to how you determined where to deploy your resources. Where should you be making those investments in terms of your current services as well is to due opportunities that may be on the horizon and how you manage risk to meet your financial targets. Looking at this issues those issues this section includes a robust pricing services model designed for community-based organizations to understand how they are currently deploying resources and think about where they should be investing time, talent and money. Some of the worksheets included in that model can assist with determining price for revenue and other financial analyses that would be helpful both in terms of your business development that setting the stage for negotiating and contracting down the road. In looking at this through that lens of their developmental disability organizations, I think there is a similar value to the negotiating and contracting section. I think there is a lot of limitations related to state budgets and that means service rates are often what I call nominally related to actual cost and as a result content for -- used by our

CBO's from a business management perspective and not through the lens of setting a rate or negotiating a rate for reimbursement. This section is helpful in exploring that a little more fully than the current

environment encourages or makes sense for CBO's to do now. Lindsay, from your perspective what were some highlights you saw for centers in this material?

I think a lot of CIL's like many CBO's are looking to expand service offerings both to meet the needs of consumers that to bring in additional revenue. I think this chapter provides valuable tools to get

CBO's to think about the different costs and the variables that go into pricing services as well as finding the right service mix and how that can help overall profitability even if some services are not bringing in as much revenue. That was a good highlight and I think it is important to focus on. We will move on to our last chapter

now. Finally and perhaps most importantly the last chapter explores how to bring about successful organizational change while maintaining your mission. There is little doubt that this is environment CBO's confront today is rapidly changing. This chapter provides information and resources to help CBO's adapt to this changing environment while preserving their mission as well as addressing the role of leadership and committee patient and effectively managing these changes. Upon going through the chapter the CBO will get a better understanding of how to frame organizational change and create a communications plan. This is

vital and on top of communicating with external stakeholders it can help support internal staff and team members to encourage personal investment in the changes being made. The chapter addresses the use of management tools to grow the business and provides project management best practices. Additionally organizational change requires an understanding of the current market for this CBO's product and services and the ability to anticipate change in the market. To address that this chapter explores the process of mapping tool which of CBO's better anticipate those changes. In working through this chapter CBO's are encouraged to reflect on whether there are identify leaders are champions of the change within the organization as well as tools and techniques to ensure leaders are able to clearly articulate the needs and opportunities for change. CBO's are also encouraged to take their mission into strong consideration while preparing for any organizational change initiative in CBO's are encouraged to think about whether they have change management practices and processes already in place and the tools and resources will help CBO's build on their existing practices.

To assist with this the toolkit provides tools and identifies specific issues to

consider. These tools are intended to our CBO's adapt your organization to changing business environment while keeping in line with the organizations mission and values. This requires a solid understanding of current services and position in the market as well as the intended change and setting a clear vision for the future of where the organization wants to go. The chapter provides change management tools and techniques to successfully navigate the planning and implementation of organizational change. The tools address can help CBO leaders identify and work for organizational change in ways that insures alignment between their mission and their future direction. There are a variety of tools included in this chapter. Some help evaluate the need for

change with others help implement the change. Some are designed for larger scale initiatives while others are more appropriate for small-scale changes. Different tools may be useful at different times and the goal is to equip CBO's with tools to help during any type of transition. Another issue this chapter addresses is ensuring organizations is aligned with the current focus or change. For some organizations that may have grown or merged or otherwise changed over

time this may also mean make sure the mission statement is current. Organizations whose mission statements are current or unchanging this means making sure the change initiative aligns with its particularly when the change includes working with their partners and payers. Whether new partners have similar or different missions and values, clarifying key similarities and differences can help both organizations better understand how they fit together in finding ways in which the missions aligned can help support connections and overcome potential resistance. Along similar lines this chapter focuses on how CBO's can maintain fidelity with her overall values and principles. This is a critical piece. With regards to independent

living, independent living is not only a system of service provision but also a philosophy that informs the mission and values of CIL's around the country. This chapter is interesting because it helps CBO's understand how to use that strong value-based mission to pursue new opportunities. There tends to be if you're at times that becoming more businesslike will take away from the values or mission of an organization which can certainly happen if it is not done appropriately. This chapter provides a strong guidance and tools to ensure it is done in the right way. How about the DD provider perspective?

Again, not surprisingly we share some similar spaces for the DD organizations I have spoken with it is that kind of primary focus in thinking about many of our organizations were started by families and self advocates over the course of time and has some strong roots in terms of their mission and values and principles they hold to be most important so thinking about how you hold onto those values and use them as that compass as you are moving into this new space. Another thing that jumped out at me was another good reminder we touched on with the stakeholder engagement chapter that comes up again not surprisingly in this chapter, the importance of engaging staff at all levels and understanding and responding to the need for change. You have a well-informed strategy as you are thinking about how your organization is making their shifts and changes and that we're we are doing our best to bring everyone along through that particular process.

I think this gives us quick sneak peek into the chapters. As a reminder over the next several months, we will be taking a deep dive into the content of each of those chapters during our monthly webinars that will correspond with the release of those chapters. Again that series is here on the slide and will cover those six areas we talked about. Stakeholder engagement, developing relationships with potential peers and community partners, negotiating and contracting, understanding and maximizing their financial position, successful organizational change while maintaining your mission. I would point out to folks and we will remind you several times between now and then, but the date for the November and December webinars have been modified to accommodate for holiday schedules. We will be sure to share that frequently.

Lindsay and I

-- it looks like we have got a little time and we would love to hear from folks on the line about maybe what resonated with them and

what we think they might be missing at any tools or resources they have used they think would be important for us to include in the toolkit.

Some of those things may be submitted via the businessacumen@nasuad.org e-mail address. We do have a couple of questions that have been submitted. The first goes back to the chapter on stakeholder engagement. There is a question about who is the stakeholder? Is it the CBO? If not, what are they considered? Would one of you like to take that?

I think the stakeholder is anyone has an interest in your CBO. That could be the consumers, the payers or other committee organizations. It could be your staff or family members, anyone that has an interest in your CBO would be considered a stakeholder. Hopefully going through this chapter it will help you identify all of those stakeholders and the wide range of stakeholders that exist for your specific organization.

I think that is a great example and I think it speaks back to casting a pretty broad net that we think about stakeholders and would encourage -- looking at their networks and continue to expand folks who may have an interest.

A question or comment that came in is the idea understand customer needs and ensuring those needs drive service development is a revolutionary idea for the CBO providers to design and deliver XYZ services within constraints of a Medicaid waiver. When you're not -- when you're used to

doing within the hard lines of the contractor expectation, how can CBO's transform themselves were they start to drive innovation?

That is a great question.

Why don't I start and you guys certain adding. I think part of this is starting to look at the potential peers and partners you may work with. Through our

work in the business acumen center, most of her work around the transition to manage long-term services, we are trying to look at the work as a means to an diversified your payer portfolio. It may be managed care organizations, it may be private

payers. It may be different community partners we haven't thought of. Starting to look outside the box for what the needs are of those you would have a likely alignment list and exploring above and beyond that where your expertise and specialties can be expanded and developed to meet the

needs. This goes back to listening well and thinking through how the work you do can help meet those

needs. It is moving into a real partnership type of thought process -- whoever those potential payers might be.

I don't think I would disagree. I think I would add for a CBO, one of the first steps and more planning time, particularly with the stakeholders closest to you and serve on a day-to-day basis and your family and boards and staff. First and foremost listening to the folks who serve on families and hearing from them and where their

frustrations lie with the way services are currently structured with some of the limitations that may exist. I think having a clear picture will be helpful to combine the lawn with your own insight as a service provider and a premier staff perspective. Thinking about what we could what we could change in the system and what would improve outcomes for folks understanding their needs, you have got a rich starting point to think about how we can take some of these points important to the people we serve into their families and staff and how we can match this up potentially with some of the needs and concerns we are hearing from those potential payers. Sometimes we may have some greater flexibility in those partnerships where we might be able to solve some of those concerns but a good step is understanding what those concerns might be.

This is Lindsay, we have one minute left, I have two quick things to add. I think by giving consumers as much control over the services as possible, that helps to address consumer need to make share their needs are taken into account because they are the ones deciding which services to utilize and that is what is driving the provision of services. On top of that I think service development is a lot harder to use the consumer needs to drive service development but I think one step in that which is addressed in the toolkit is outcomes measurement and finding ways to big bigger benefits and values of the services being provided and it is a slow process but having that type of information and data can help when trying to move service development in the service direction to be more aligned with consumers needs and wants.

We are out of time. We want to thank everyone for participating and thank you Kim and Lindsay for presenting this information. We hope you will join

us, we will post this schedule on her website but over the next six months we will dive deeper into each of these topic areas Kim and Lindsay presented and would look forward to all of you joining us. Have a great afternoon.

[Event Concluded]