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Organizational Change: The Experiences of Practitioners Transitioning to a Fee-for-Service Model

In 2011, the Centers for Medicare and Medicaid approved a State Plan Amendment that required supported housing agencies throughout New Jersey to adopt a fee-for-service (FFS) model, Community Support Services. Community Support Services (CSS) are rehabilitative services that support an individual in restoring the skills necessary to achieve recovery goals and integrate into the community (State Plan Amendment, 2011). The resultant of the change to CSS were new policies and regulations. In many ways, the frontline practitioners in supported housing were charged with implementing the latest CSS policies and regulatory practices. The implementation of CSS required agencies to change various facets of how they operated. Community support services require that practitioners, in large measure, focus on delivering intentional interventions, mostly skill-based, on promoting independence and community integration. Historically, supported housing agencies focused on helping people access safe and affordable housing while providing flexible support services (Substance Abuse and Mental Health Services Administration, 2015). Community Support Services also necessitates that agencies retain clinically licensed staff and adopt new documentation protocols. Adopting this new FFS model also required agencies to change their business practices. Before CSS, New Jersey's supported housing agencies were funded through cost-based contracts. This funding structure did not necessarily ensure oversight and monitoring of the services delivered or agency spending (Clay, 2018).

Understanding the gravity of this organizational change, New Jersey's mental health authority supported agencies with the transition by offering training and technical assistance. These trainings focused on increasing practitioners' knowledge of psychiatric rehabilitation

services (Zazzarino, Reilly, & Clay, 2018). They also extended the transition period to provide additional time for agencies to prepare for the new FFS environment. However, Cartwright and Hardie (2012) remind us that while a policy may have positive contributions, it can also produce what Lipsky (2010) calls “unintended consequences” that were not initially considered. Much of the current research on organizational change provides a quantitative depiction of how change can affect an agency. While this research provides valuable information, it often fails to shed light on the individual experiences of the worker (Smollan, 2015).

Organizational Change

An organizational change like CSS requires that frontline staff successfully adjust and adapt to the new expectations (Petrou, Demerouti, & Schaufeli, 2018). However, such organizational changes can create feelings of insecurity among staff (Rafferty & Griffin, 2006; Schumache, Schreurs, Van Emmerik, & De Witte, 2016). A study by Day, Crown, and Ivany (2017) highlights a correlation between organizational change and the level of employee burnout. Similarly, Smollan (2015) highlighted how organizational changes compound occupational stress. Organizational changes can also result in higher demands, fewer resources, and inadequate processes (Lipsky, 2010; Smollan, 2015).

Many organizations have prepared for the transition to CSS by reducing fiscal spending. These cutbacks have included eliminating staff positions. A study by Van der Voet and Vermeeren (2017) found a negative correlation between fiscal austerity and employee well-being. In response to work-related stress, it is not uncommon for frontline staff to develop routines and exercise discretion to cope and regain control over their work (Lipsky, 2010). For example, frontline staff may begin rationing services by providing fast services to some service recipients and delaying services to others (Lipsky, 2010).

Administrators of an organization can contribute significantly to successful organizational change. Leaders in an organization shape the culture, level of buy-in, and commitment to changes (Chaple & Sacks, 2014). In the case of CSS, the level of support from administrators and others in leadership roles influence frontline staff and their ability to mobilize and implement the new service. For example, developing a process to disseminate information to frontline staff providing day-to-day services can contribute to a smoother transition. Beatty (2015) highlights that communication failures lead to change failures. For example, a lack of communication can lead to rumors, which can embellish the negative aspect of a change and build staff resistance (Bordia, Hunt, Paulsen, Pourish, & DiFanzo, 2004).

The purpose of this qualitative study was to explore the individual experiences of practitioners transitioning to CSS. Data from current practitioners working in agencies transitioning to CSS was collected via focus groups. The analysis of themes will be presented along with recommendations for future study. By understanding the experiences and perspectives of practitioners, other human service providers may have a greater understanding of implications for their practice.

Methods

To understand the experiences of practitioners providing psychiatric rehabilitation services, the researchers used a phenomenological framework to guide their qualitative study. A phenomenological framework allows a researcher to gain in-depth information about the experiences and perceptions of the participants (Heinamaa, Hartimo, & Miettinen, 2014; Pivcevic, 2014). For this study, the phenomenon being explored was the participants' experience with the transition to a fee-for-service model.

Participants

This study consisted of 26 total participants, 13 participants in two separate focus groups. A focus group is a less threatening way to gather qualitative data and has a rich history in qualitative research (Onwuegbuzie, Dickinson, Leech, & Zoran, 2009). In phenomenological research, the exact number of participants is not the focus; however, the depth of information received is integral for the fidelity of the study (Emmel, 2013; O'Reilly & Parker, 2012). Additionally, having two separate focus groups, with 13 participants, comports with the integrity of focus group data collection methods (Onwuegbuzie et al., 2009). Of the 26 participants, ten individuals identified as male and 16 individuals identified as female. Also, the 26 participants represented 20 of the 44 agencies statewide that are being impacted by this transition to a fee-for-service. The participants all held a supervisory role within a supported housing program and oversaw the direct service delivery throughout the transition to a fee-for-service. Each participant was attending a statewide conference focusing on psychiatric rehabilitation services and voluntarily agreed to participate in the focus group.

Data Collection

The researchers conducted each focus group at a statewide annual conference focusing on psychiatric rehabilitation services. Before the conference, attendees were provided with a brief synopsis of the focus group, including the understanding that there would be a limited number of seats available to participate. The researchers utilized a purposive sampling method to ensure each participant met the requirement for participation, practitioners in a supported housing agency providing Community Support Services. Two of the three researchers were present at the time of the focus group, one conducting the group and the other keeping track of time, taking

minimal notes, and ensuring the recorder was working correctly. To ensure consistency between each focus group, the researchers used an interview protocol to guide data collection.

The researchers used a semistructured interview to guide the data collection process. With the interview guide, the researchers read an introductory statement providing the participants with the intent and length of the focus group, reminding each participant that the focus group will be audio-recorded, names and identities would be kept confidential, and reminding the participants that participation was voluntary and they could stop at any time and for any reason. Following, the researchers began the data collection by using a semistructured interview, allowing for additional probing and follow up questions based on the participants' responses (Jacob & Furgerson, 2012). The researchers started with three open-ended questions to guide the conversation and elicit rich data; however, they used their clinical skills to link participants' comments, guide the conversation, and continue to focus on the depth of data. The three questions were: Tell me some of the positive benefits for practitioners regarding the transition, Tell me some of the barriers for practitioners regarding the transition, and Tell me some of the solutions for practitioners regarding the transition. Each interview question was asked with the intent of gathering information to answer the research question in this study directly.

Data Analysis

To begin the data analysis process, the researchers completed a word for word transcription of each audio recording. With each focus group transcribed, the three researchers used a hand-coding process using a three-step, interpretive phenomenological analysis (IPA) to analyze both focus groups. An IPA method is an effective way to analyze the data since two of the three researchers participated in the focus groups and played an active role in the process (Pietkiewicz & Smith, 2012; Smith, Flowers, & Larkin, 2012). The first step of the process was

for each researcher to read the transcript two times to become immersed in the text (Pietkiewicz & Smith, 2012; Saldana, 2016). The second step of the process was for each researcher to conduct a line-by-line coding process, the beginning process of generating meaning units based on the content in the transcription (Smith et al., 2012). The researchers noted the meaning units in the margins of the transcript and began to create a list of meaning units. The researchers continued this step for the remainder of the first focus group and then moved on to the second focus group. In the third step, the researchers reviewed all the meaning units from both focus groups and began to develop emerging themes to answer the research question (Saldana, 2016).

Trustworthiness

To increase the trustworthiness of this study, the researchers focused on three main criteria: credibility, dependability, and reflexivity. To support the credibility of the study, the researchers attempted to build a relationship with the focus group participants, supporting trust and honesty from the participants leading to rich data (Korstjens & Moser, 2018). Additionally, this research study used investigator triangulation to support its credibility. Investigator triangulation is concerned with using two or more researchers to make coding, analysis, and interpretation decision (Korstjens & Moser, 2018). Triangulation is a primary method to check the integrity of the inferences the researcher draws and can involve multiple data sources, multiple investigators, or multiple methods (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014). For this study, the researchers utilized investigator triangulation to confirm the findings and add breadth to the phenomenon of interest (Carter et al., 2014).

After analyzing the first focus group, the researchers met to discuss the initial meaning units and to ensure the data analysis process was consistent. Once the researchers analyzed both focus groups, they met again to discuss the emerging themes, clarify and condense the themes,

and ensure the emerging themes were consistent with the research question. Lastly, the researchers highlighted the specific words and lines in the focus groups to support each theme. Throughout the data analysis process, the researchers continued to asses for thematic saturation. Thematic saturation occurs when the participants are repeating common themes, and there is enough information to replicate the study (Fusch & Ness, 2015; O'Reilly & Parker, 2012). After the second focus group, the researchers were able to conclude that saturation was met and there was no need to collect any additional data. Furthermore, by having multiple conversations, the researchers increased the confirmability of the study, decreasing the likelihood that the results are a result of the researchers' opinions and limiting researcher bias (Korstjens & Moser, 2018; Patton, 2015).

Results

Following the data analysis process, the researchers framed the results within the context of positives aspects of services and the areas for improvement related to services regarding the transition to a fee-for-service model. Within these three areas, the researchers identified six overall themes that ultimately answer the research question of the experiences of practitioners providing services during a transition to a fee-for-service model. These six themes are highlighted with supporting quotes; however, the participants will remain confidential as outlined in the approved Institutional Review Board.

Positive Aspects of Services

Theme 1: Improvement of documentation/service. One significant aspect around the transition to fee-for-service is how services delivered by supported housing staff members must be clearly documented, connected to the interventions outlined in the Individualized Rehabilitation Plan (IRP), and tied back to the areas of need in the Comprehensive Rehabilitation

Needs Assessment (CRNA). Within this transition, the CRNA lays the groundwork to assess the area of need and identify goals, which are broken down in the IRP. This process was discussed at length, and many participants supported the idea that this transition is improving documentation practices and service delivery. For example, one participant noted:

... having the intentional service delivery focuses the work and speeds up the process of getting the work done toward a particular goal. Our staff takes a look at the plan before they go and can see all that is in the plans. They can focus on this instead of just showing up at someone's house.

Intentional services can support more productivity on goals, goals that support independence, and community integration. With a greater focus on documentation, staff can gain a deeper understanding of the needs of the consumers. As one participant indicated:

... [this process] will identify more goals and objectives than they have. We've missed opportunities because we weren't thorough in previous versions of service plans, and this goes into all the dimensions, not just one or two areas.

As service staff continues to feel more comfortable with the changes in documentation standards, staff may continue to enhance the services they provide. Ultimately, better services correlate to improved care for adults with a serious mental illness living in the community.

Theme 2: Clarity and purpose of the job role. As this transition continues to roll out, clarity and certainty in job roles may help staff during uncertainty in other facets of the transition. With an increased understanding of the expectations, the staff has a designated target to work toward and a greater sense of accountability. For instance, one participant noted:

This transition helps me understand what I am supposed to do more. If I'm going out to see a client, I actually look at the notes. It helps me be more prepared for what I'm going to do. I think it is forcing the issue of making sure we're keeping better records.

With this increased clarity, staff can plan services accordingly and have a greater sense of purpose in their role. Historically, staff discussed feeling like "taxi drivers" or "caretakers," but this transition has shifted the focus on the importance of service delivery methods from staff. One participant reflected on the direct care staff, indicating, "now she works differently because she knows, I'm going to help you to build the skills up so they're able to really focus on what the consumers can do, not going the easy way." With a greater understanding and shift from doing for doing with consumers, the transition to a fee-for-service model has altered the way staff view their service delivery and provide more structure.

Theme 3: Increase in staff confidence. Improved documentation and services, along with clarity in staff roles, can also lend itself to the increase in staff confidence. As staff continues to feel more confident about their work, the confidence may be able to combat feelings of insecurity during an organizational change (Rafferty & Griffin, 2006; Schumacher et al., 2016). For example, one participant highlighted:

The whole intentional nature and skill-building make them feel better about what they're doing. The staff are becoming more confident and see themselves as experts, as people who provide a skill-building experience instead of glorified van drivers. As the staff becomes more confident in their skills, they're delivering a better service.

The confidence that one has may support higher self-efficacy for delivering services. The confidence of staff may impact the individuals receiving services and promote greater self-

confidence in consumers, individuals who historically have lower self-esteem, and feelings of self-worth (Pratt, Gill, Barrett, & Roberts, 2016).

Areas for Improvement Related to Services

Theme 4: Individualized rehabilitation plan development and approval process. Though participants highlighted an improvement in documentation and services, there was clear and consistent feedback regarding the approval process for individuals' IRPs. The IRP must go through an approval process for authorization of the intended services (State Plan Amendment, 2011). Unfortunately, the approval for services does not always seem to be clear or timely. One participant commented on the "importance of the language used in the IRP development to ensure the IRP is approved difficult and different from reviewer to reviewer." With the IRP being the major authorization of services, ensuring the approval process is clear is extremely important for a successful transition. Participants reported spending time on administrative tasks related to the IRP development and approval process that is not a billable service, leading to a decrease in agency reimbursement. For example, one participant commented:

Sometimes I am spending days and weeks making sure the wording is right on the IRP and collaborating with other people within the agency to keep track of the documentation to ensure we are working off an approved IRP and providing services that have been approved.

As agencies and systems transition to a fee-for-service model, a focus on the authorization is important for sustainability. The fewer time agencies focus on this process, the more time they can provide quality services that are reimbursable.

Theme 5: Focusing on productivity and units. Once the IRP is approved, this document drives the services based on the projected units of services. During a transition to a Medicaid

reimbursable service, researchers highlighted a shift from staff and an overemphasis on the financial component (Lipsky, 2010; Petrou et al., 2018). Within this study, it was clear that staff and agencies were focusing on the financial aspect of service delivery. One participant asserted:

We've booked our schedule so tight because of the budgetary necessity of what we're doing now, that there's not a lot of extra time. Or if the consumers have to reschedule, we're not available, and they see that like when we get there, we have a certain amount of time that we have to leave because I've got to get going to the next one.

As the intensity of focus shifts to productivity and units, one may venture to say that the quality of service may diminish. Though it is important to recognize the importance of fiscal sustainability, CSS is intended to improve the quality of services and, ultimately, the quality of life for the individuals receiving services.

Theme 6: Demoralized staff/Fear of job loss. In connection to the fiscal aspect is many staff fearing for their jobs. Smollan (2015) supported the notion of increased stress amidst an organizational change. Throughout this transition, participants noted the apathy of many staff and the perception of demoralized staff. One participant discussed:

This transition has taken away [the direct care staff's] power, their sense of selves in the role of developing plans. As a clinician, I feel like I'm taking the process away from [the direct care staff] a little bit.

As the staff continues to feel demoralized, participants fear that staff may not receive the same satisfaction in the work they do, possibly leading to burnout that is similar to the findings highlighted by Day et al. (2017). One participant commented:

While we're out in the community like 24/7 working ourselves to death, we still, because the reimbursement rates are not going to make enough to have our programs be

functional. If I don't make these numbers, no one knows what happens to my job or the agency overall.

Demoralization, feelings of being overworked, and fear of continued employment are factors that will inevitably lead to burnout, impacting the quality of services that individuals receive.

Discussion

Any transition within an agency can be a tumultuous time, filled with feelings of insecurity, (Schumacher et al., 2016), occupational stress (Smollan, 2015), and fewer resources (Lipsky, 2010). However, as this study highlights, transitioning to a fee-for-service model is not all negative. As participants illuminate the improved services and documentation standards, transitioning can bring about many positive aspects. For example, as the transition moves forward, and the staff continues to enhance their documentation and service delivery, consumers may continue to seek more progress and goal attainment. As more goals are achieved, and consumers seek independence and community integration, staff can focus their services to other individuals in need.

Nevertheless, systems need to strategically plan out the timeline for transition and allow time for agencies to adjust to the transition, ultimately laying the groundwork to combat some of the areas for improvement. Ensuring communication is clear (Beatty, 2015) and organizations buy-in and commit to the changes (Chaple & Sacks, 2014) will support these areas of improvement and may lead to better outcomes. As part of this study, participants delved into specific recommendations to enhance the transition to a fee-for-service model. They offered suggestions to other systems that may be experiencing difficulty through a transition. For example, ensuring the authorization process is clear, consistent, and streamlined, as well as

ensuring the reimbursement rates are appropriate, are the two significant recommendations from providers in this study.

Limitations

Though this was a carefully planned and crafted study, there are inherent limitations to the study. The participants in the study were from different agencies and worked in various roles. Therefore, the impact of the transition on each participant's agency is uniquely different. Though the data analysis process supported major themes, triangulated between three researchers, the data collection method is one limitation. A focus group may increase the idea of groupthink, leading to less individualized perceptions (Woodyatt, Finneran, & Stephenson, 2016). Additionally, since the participants in the study were voluntary, there may be some self-selection bias. By focusing on trustworthiness, the researchers attempted to build rapport and reduce the self-selection bias (Korstjens & Moser, 2018). Ultimately, following this study up by conducting individual interviews may strengthen the results of the study, leading to more precise results.

Conclusion

As more and more human service systems and agencies shift to a fee-for-service model, it is essential to understand the ramifications to the system, agencies, and individuals receiving services. This study highlights some positives regarding a transition to a fee-for-service; however, it also discusses some barriers solutions for a more efficient transition. This study is just the beginning and another layer of research that may help human service organizations dealing with struggles during their transition. Ultimately, ensuring a smooth and successful transition to a fee-for-service model may alleviate some of the organizational stress and allow for an emphasis on quality services, services that will enhance and improve the lives of many.

References

- Beatty, C. A. (2015). Communicating during an organizational change. *Organization Studies, 15*(3), 337-352.
- Bordia, P., Hunt, E., Paulsen, N., Tourish, D., & DiFonzo, N. (2004). Uncertainty during organizational change: Is it all about control? *European Journal of Work and Organizational Psychology, 13*(3), 345-365.
- Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A. J. (2014). The use of triangulation in qualitative research. *Oncology Nursing, 41*(5), 545-547.
- Cartwright, N., & Hardie, J. (2012). *Evidence-based policy: A practical guide to doing it better*. Oxford: Oxford University Press.
- Chaple, M., & Sacks, S. (2014). The impact of technical assistance and implementation support on program capacity to deliver integrated services. *The Journal of Behavioral Health Services & Research, 43*(1), 3-17.
- Clay, Z. (2018). *The shift to fee-for-service: Neoliberalism in behavioral health services*. Manuscript submitted for publication
- In Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approach (3rd Ed.)*. Thousand Oaks, CA: Sage.
- Day, A., Crown, S. N., & Ivany, M. (2017). Organizational change and employee burnout: The moderating effects of support and job control. *Safety Science, 100*, 4-12.
- Emmel, N. (2013). *Sampling and choosing cases in qualitative research: A realist approach*. Thousand Oaks, CA: Sage.
- Fusch, P.I. & Ness, L.R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report, 20*(9), 1408-1416.

- Heinamaa, S., Hartimo, M., & Miettinen, T. (2014). *Phenomenology and the transcendental*. New York, NY: Routledge.
- Jacob, S.A., & Furgerson, S. P. (2012). Writing interview protocols and conducting interviews: Tips for students new to the field of qualitative research. *The Qualitative Report*, 17(42), 1-10. Retrieved from <http://nsuworks.nova.edu/tqr/vol17/iss42/3>
- Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120-124.
- Lipsky, M. (2010). *Street-level bureaucracy, 30th ann. ed.: Dilemmas of the individual in public service*. Thousand Oaks, CA: SAGE.
- Onwuegbuzie, A. J., Dickinson, W. B., Leeche, N. L., & Zoran, A. G. (2009). A qualitative framework for collecting and analyzing data in focus group research. *International Institute for Qualitative Methodology*, 8(3), 1-21.
- O'Reilly, M., & Parker, N. (2012). 'Unsatisfactory saturation': A critical exploration of the notion of saturated sample sizes in qualitative research. *Qualitative Research*, 13(2), 190-197.
- Patton, M. Q. (2015). *Qualitative research & evaluation methods* (4th ed.). Thousand Oaks, CA: SAGE.
- Petrou, P., Demerouti, E., & Schaufeli, W. B. (2018). Crafting the change: The role of employee job crafting behaviors for successful organizational change. *Journal of Management*, 44(5), 1766-1792.
- Pietkiewicz, I., & Smith, J. A. (2012). A practical guide to using interpretive phenomenological analysis in qualitative research psychology. *Psychological Journal*, 18(2), 361-369.
- Pivcevic, E. (2014). *Husserl and phenomenology*. New York, NY: Routledge.

- Pratt, C. W., Gill, K. J., Barrett, N. M., & Roberts, M. M. *Psychiatric rehabilitation* (3rd ed.). San Diego, CA: Elsevier.
- Rafferty, A. E., & Griffin, M. A. (2006). Perceptions of organizational change: A stress and coping perspective. *Journal of Applied Psychology, 91*(5), 1154-1171.
- Saldana, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Thousand Oaks, CA: SAGE.
- Schumacher, D., Schreurs, B., Van Emmerik, H., & De Witte, H. (2016). Explaining the relation between job insecurity and employee outcomes during organizational change: A multiple group comparison. *Human Resource Management, 55*(5), 809-827.
- Smith, J., Flowers, P., & Larkin, M. (2012). *Interpretive phenomenological analysis*. Thousand Oaks, CA: SAGE.
- Smollan, R. K. (2015). The personal costs of organizational change: A qualitative study. *Public Performance & Management Review, 39*(1), 223-247.
- State plan amendment. (2011, October 1). [pdf document]. Retrieved from http://www.state.nj.us/humanservices/dmahs/info/state_plan/Attachment3Servicesincluding_Scope_and_Limitations.pdf
- Substance Abuse and Mental Health Services Administration. (2015). *Core Competencies for Peer Workers in Behavioral Health Services*. Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS). Substance Abuse and Mental Health Services (SAMHSA). Retrieved from https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/core-competencies.pdf

- Van der Voet, J., & Vermeeren, B. (2017). Change management in hard times: can change management mitigate the negative relationship between cutbacks and the organizational commitment and work engagement of public sector employees?. *The American Review of Public Administration*, 47(2), 230-252.
- Woodyatt, C. R., Finneran, C. A., & Stephenson, R. (2016). In-person versus online focus group discussions: A comparative analysis of data quality. *Qualitative Health Research*, 26(6), 741-749. doi: 10.1177/10049732316631510
- Zazzarino, A., Reilly, A., & Clay, Z. (2018). Increasing psychiatric rehabilitation knowledge in supported housing setting: Pre and posttest analysis. *Journal of Psychosocial Nursing and Mental Health*.