State of Colorado
Department of Health Care Policy and Financing

INTEGRATED CARE FOR DUAL ELIGIBLES

Stakeholder Addendum to Research Report

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Summary Comments

PCG was asked to review the literature on stakeholder processes and identify a process for working with stakeholders that was based on sound experience and evidence. Using a deliberate search methodology, PCG identified various models, manuals, toolkits, guides, protocols, and processes that described policies and procedures for working with stakeholders. On the one hand, the Department of Health Care Financing and Policy (the Department) and stakeholders are familiar with stakeholder processes and none of the individual concepts are strange or foreign. For example, it is common knowledge that appropriate stakeholders should be identified, stakeholder participation should be encouraged, and stakeholder input should be used in decision making. On the other hand, what these tool kits and handbooks do is take all the "should be" admonitions, list them in an organized process of goals and steps, and provide checklists to be sure each "should be" is done. The result is a systematic and disciplined method for working with stakeholders.

This review of the stakeholder literature has identified useful resources for use in Colorado. The most distributable and relevant one is the June 2010 Massachusetts Consumer Involvement Toolkit.[1]

It has a combination of features that make it suitable for distribution to persons involved in stakeholder planning for a state program. It is:

- an excellent discussion of stakeholder issues and procedures;
- of a moderate length, 63 pages;
- designed by state agencies for use by state agencies;
- written in a way that is mindful of persons with disabilities, and
- well designed with clean graphics.

[1] Retrievable from, http://www.mass.gov/Eeohhs2/docs/eohhs/olmstead/stg/consumer_involvement_toolkit.pdf

Another five works were identified and are worth reading. These contain substantive discussions of stakeholder involvement including tools and procedures for working in stakeholder situations:

- 1999 National Health Law Project's, *Recommendations for Making the Consumers' Voice Heard in Medicaid Managed Care.* Retrievable from, www.probono.net/healthlaw/library/attachment.67843 ;
- 2005 Halton Borough, *Stakeholder Involvement Toolkit*. Retrievable from, http://www.halton.gov.uk/sit/section1haltonversionoftoolkit.pdf ;
- 2005, AccountAbility, the United Nations Environment Programme, and Stakeholder Research Associates' *From Words to Action: The Stakeholder Engagement Manual*. Retrievable from, http://www.accountability.org/images/content/2/0/208.pdf ;
- 2009, Preskill and Jones, *A Practical Guide for Engaging Stakeholders in Developing Evaluation Questions*. Retrievable from http://www.rwjf.org/files/research/49951.stakeholders.final.1.pdf , and
- 2010 the Center for Health Care Strategies (CHCS) technical assistance brief. Retrievable from, http://www.chcs.org/usr_doc/TCDE_StakeholderBrief_122010.pdf.

Introduction

This Addendum focuses on stakeholder involvement and suggests recommendations for productively involving stakeholders in state dual eligible planning.

The context of this study of stakeholder involvement is that the Department has awarded contracts through a competitive procurement process to experienced and innovative entities with a strong community presence to partner with the Department in its Accountable Care Collaborative (ACC) Program. Selected contractors, referred to as Regional Care Collaborative Organizations (RCCOs), will be accountable for controlling costs and improving the health of Medicaid clients in one (or more) of seven regions statewide. The Initial Phase of the ACC Program is currently limited to an estimated 60,000 clients statewide (approximately 8,600 per region).

The conflicting coverage policies and incentives between Medicare and Medicaid are a major challenge, financially and administratively, to coordinating care for dual eligibles. While efforts are underway to better coordinate Medicaid and Medicare programs from the federal level, integrated care models at the state or regional level also have an opportunity for leadership. The Department plans on initiating dual eligible enrollment in the Expansion Phase of the ACC Program, scheduled to begin in July 2012.

It is generally accepted that expansions of Medicaid coordinated care programs need a higher level of stakeholder involvement than the routine operation of fee-for-service programs.

This Stakeholder Addendum begins with a discussion of why a consideration of stakeholders is an essential part of dual eligible planning, mentions Colorado experiences with stakeholder involvement, looks at what Colorado and other states have proposed for the expansion of dual eligible coverage, and then reviews potential models for involving stakeholders. This review of potential models spans suggestions from the Medicaid managed care expansions of the 1990's, to models developed from other public agencies (including international organizations), private business, and program evaluation practices. The intent of the review is to identify models or processes that are grounded in well-developed theory or are derived from substantive practice. The use of such a model in Colorado's dual eligible expansion would increase the probability that appropriate stakeholders are identified and their time and contributions are efficiently used.

Terminology and Approach

The phrase "Medicaid managed care", as used in this Stakeholder Report, is a broad phrase and encompasses: 1). comprehensive risk-based plans that are traditionally used with Medicaid eligible children and eligible adults, 2). primary care case management (PCCM), and 3). limited-benefit plans covering inpatient mental health, or substance abuse, or transportation or dental services. About 25% to 35% of all Medicaid beneficiaries including children adults, aged

persons and persons with disabilities are enrolled in limited-benefit plans.[2] Colorado's ACC Program is not a comprehensive risk-based managed care program like the classic Medicaid managed care programs for children, eligible adults and pregnant women. Rather it is a combination of a fee-for-service and a PCCM component. Since the ACC Program has a managed care component and will assign persons to medical homes, it will be perceived by some stakeholders as a managed care program. Therefore, the point of view in this Stakeholder Addendum is to consider stakeholders in the context of a managed care program.

For purposes of this Addendum a stakeholder is defined broadly as including anyone who has some knowledge of, role in, or relationship to the ACC Program.[3] While this broad definition encompasses legislators, managed care providers, hospitals and doctors, the Addendum focuses on persons who are dual eligibles and will be enrolled in the RCCOs.

Also for the purposes of this Addendum, the phrase "model of stakeholder involvement" is broadly used to encompass descriptions of procedures and processes that outline a series of steps and provide examples and details about how each step can be implemented. The Addendum favors reviewing models that were developed based on extensive practical experience or research.

This general awareness of the need for stakeholder involvement grew out of the significant growth of managed care in the 1990s. While a few states, e.g. Arizona, have been using managed care in Medicaid since the early 1980s enrollment in managed care has expanded more rapidly in the last 15 years. In 2009, 47 percent of all Medicaid enrollees were enrolled in comprehensive risk-based managed care plans, up from 15 percent in 1995.[4] This growth was accompanied by

[2] Medicaid and CHIP Payment and Access Commission, (2011, June), *The Evolution of Managed Care in Medicaid*, Report to the Congress, Washington, D.C. p. 14 Retrieved on 6-27-2011 from http://www.macpac.gov/reports
[3] Preskill, H., (2009), *A Practical Guide for engaging Stakeholders in Evaluation Questions*, Robert Wood Johnson Foundation Evaluation Series, Princeton, N.J. Retrieved on 6-28-2011 from http://www.rwjf.org/files/research/49951.stakeholders.final.1.pdf
[4] Medicaid and CHIP Payment and Access Commission, (2011, June), *The Evolution of Managed Care in Medicaid*, Report to the Congress, Washington, D.C. p. 11 Retrieved on 6-27-2011 from http://www.macpac.gov/reports

well publicized consumer opposition to managed care such as the Illinois Campaign for Better Health Care and the New Mexico issues over behavioral health care.[5,6] By the late 1990s both national advocacy organizations and the federal administration had systematized recommendation to states about the need for stakeholder involvement and the procedures for obtaining it.[7,8]

Colorado Stakeholder Experience

Colorado has a long history of seeking and understanding stakeholder perspectives in its medical assistance program. Examples of this include:

- In 2001 the Colorado Medical Home Initiative began and was further strengthened in 2007 with the passage of SB 07-130. This initiative involved an extensive analysis of stakeholders and program coordination efforts among them.[9]
- A 2003 Federal report described the development of the state's single entry point (SEP) system and the role that stakeholders had in its development.[10]
- In 2009 hosting six forums to request stakeholder views on a Medicaid Buy-in Program and publishing these results in the form of "Stakeholder Guiding Principles" in November 2009.[11]

[5] For discussion of Illinois consumer activities see, retrieved on 6-27-11 http://en.wikipedia.org/wiki/Campaign_for_Better_Health_Care and http://www.realchoiceinillinois.org/real_managedcare.asp

[6] Willging, C. et al. (2003, March), *New Mexico's Medicaid Managed Care Waiver: Organizing Input from Mental Health Consumers and Advocates*, Psychiatric Serv. 54(3): 289–291. Retrieved on 6-27-2011 from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1473218/#R16

[7] National Health Law Program, Inc. (1999, April), *Recommendations for Making the Consumers' Voice Heard in Medicaid Managed Care*, Chapel Hill, NC. Retrieved on 6-27-2011 from www.probono.net/healthlaw/library/attachment.67843

[8] Department of Health and Human Services, (2000, November), *Safeguards for Individuals with Special Health Care Needs Enrolled in Medicaid Managed Care*, Report to Congress, Washington, D.C. Retrieved on 6-27-2011 from http://www.ideainfanttoddler.org/pdf/AppP.pdf

[9] Over 125 stakeholders were identified. See, retrieved on 6-27-2011 from, http://www.coloradomedicalhome.com/cmhiPresentations.html

[10] Medstat (2003, December), *Promising Practices in Long Term Care Systems Reform: Colorado's Single Entry Point System*, A Report Prepared for the Centers for Medicare and Medicaid Services, Washington, D.C. See, retrieved on 6-27-2011 from http://www.hcbs.org/files/34/1678/CO_final.doc

- From 2009 on, the Department's Pay-for-Performance program for nursing homes has been heavily influenced by the work of its advisory committee which has steadily improved the applications over a three-year period.[12]
- In May 2011 the Department began stakeholder meetings to improve the long term care delivery for Colorado Medicaid clients who are medically fragile and technologically dependent. These meetings are still ongoing.[13]
- During 2011 the Medicaid Infrastructure Grant (MIG) program contracted with a non-profit organization to prepare a report on protocols for effective outreach to persons with disabilities. This stakeholder report may be available in the Fall-Winter of 2011.

Plus there is the routine practice of soliciting stakeholder advice on the Department's websites, for example, its solicitation of comment upon the renewal of the Departments 1915(b) mental health waiver.[14]

Stakeholder Involvement in the ACC Program

In 2011 Colorado was one of fifteen states that were awarded a planning grant from the Center for Medicare and Medicaid Innovation of the federal Medicaid agency, the Center for Medicare and Medicaid Services (CMS). The purpose of the grant program was to provide opportunities to states to develop, test, and replicate their innovative ideas for system improvement on a state-specific basis rather than mandating a one size fits all, nationwide plan for improvement.

In its application, Colorado articulated the philosophy that meaningful stakeholder involvement is critical to the success of the proposal and ultimately, to improving the health and welfare of

[11] See, retrieved on 6-27-2011 from, http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251602361780&ssbinary=true
[12] See, retrieved on 6-27-2011 from, http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1219400774885
[13] See, retrieved on 6-27-2011 from, http://www.cmsacolorado.org/index.php?option=com_content&view=article&id=58
[14] See, retrieved on 6-27-2011, http://www.colorado.gov/cs/Satellite?c=Page&cid=1212398231094&pagename=HCPF%2FHCPFLayout

Colorado's vulnerable populations. The stakeholder strategy outlined in the grant proposal was to build upon the existing stakeholder groups of the Department.

The first group mentioned in the Colorado proposal was the LTC Advisory Committee (LTCAC) which was established in 2008, as an advisory body to the Department's LTC Benefits Division. LTCAC meets monthly and provides input on policy directions such as delivery system capacity and models, accountability and responsiveness of the system, and eligibility determination. The second group mentioned was the Medicaid Infrastructure Grant (MIG) Steering Committee which was established in 2010 and consists of members from the health care industry, employment sector, employers, disability advocates, and individuals with disabilities. In addition to the 20-member Steering Committee, MIG has five subcommittees with diverse membership that can provide input, connections, and advice about the dual eligible integration project.

The proposal went on to say that the Department manages a Single Entry Point Administrators' Advisory Council, a Nursing Facilities Advisory Council, and a Consumer-Directed Attendant Support Services Advisory Council which will a key role in the implementation of the proposal in Colorado.

In addition to these five groups, the ACC Program also has a structure of interdependent advisory groups.

- RCCO Performance Improvement Advisory Committee. This advisory group will be created in each RCCO region to allow provider and member voice into the ACC Program in the region. The group will be directed and chaired by RCCO leadership.
- ACC Program Improvement Advisory Committee. This committee shall be directed and chaired by the Department and include representation from each RCCO in the state, the Statewide Data and Analytics Coordinator (SDAC), the utilization management contractor, and the provider and member communities. This group will provide advice to the Department about the statewide operation of the program.
- Medical Management Oversight Advisory Committee. This committee shall be directed and chaired by the Department's utilization management contractor and will include

representation from each RCCO, the SDAC, the Department, clinical experts and the provider community.

- SDAC Operations Advisory Committee. This committee shall be directed and chaired by the SDAC. It shall include representation from each RCCO and other key players. The committee will give its members the opportunity to provide the SDAC with feedback about its data collection and reporting interfaces and the usefulness of the data.

From these initial stakeholder descriptions it is clear that the Department will not lack for advice.

However, how this advice is to be managed to the advantage of the ACC Program raises a key question: are there procedures or models of stakeholder involvement that would maximize the probability that productive advice is obtained from the right stakeholders at the right time and applied effectively to illuminate current discussions?

Research on Models of Stakeholder Involvement

PCG was asked to research the literature on stakeholder involvement and find models, or sets of formal procedures, of stakeholder involvement that were well grounded in research and had evidence and testing to confirm their usefulness. Stakeholder involvement is a well-studied topic across multiple subject areas. The methodology that PCG used was to create a search hierarchy of models or formal procedures used by:

- Other state dual eligible programs;
- Medicaid managed care programs in general;
- Human service agencies;
- Public agencies of any kind;
- Private business examples; and
- Evaluation research.

The hierarchy was chosen to first search for stakeholder models that were used in dual eligible planning or Medicaid managed care since these models would be most closely applicable to the

dual eligible program. Then the scope of search is expanded to human service agencies, other public agencies and private business discussions. Public sector program evaluation has been done for thirty years and program evaluators have discussed stakeholder research for at least 15 years in a systematic manner. Examples from this body of work were thus also reviewed.

Other State Dual Eligible Programs

PCG obtained and reviewed the proposals submitted by the fourteen states that received grants in April 2011 from the Center for Medicare and Medicaid Innovation. All of the fourteen states who applied for the Dual Eligible State Demonstrations initiative acknowledge the importance of stakeholder involvement in the development and implementation of an integrated care model. States have a long history of soliciting and assessing stakeholder perspectives through ongoing workgroups, previous grants requiring stakeholder feedback, and as part of strategic planning processes for state health agencies. While all states agree that stakeholders should be comprised of a diverse spectrum of affiliations including but not limited to consumers, community organizations, health plans, provider groups, relevant associations on aging, disability, and long term care, and government agencies, states use different approaches to bring all parties together as workgroups and coalitions.

States agree that stakeholders should be representative of primary, acute, and behavioral health because the integration of the three is crucial to healthcare for dual eligibles. All states also agree that any established workgroup should be a combination of new parties as well as members who have served on advisory councils and workgroups for related issues. The underlying theme in all state approaches is to assess current stakeholder groups and then assess the need for further outreach and the formation of new committees and committee members.

Additionally, states will use public forums, advisory committees, workgroups, teleconferences and state websites to inform the public on the stakeholder process and all workgroups have agreed to meeting periodically, bi-monthly and in some states weekly, to discuss major issues on integrated care and make recommendations to relevant government agencies.

As noted in the table below, there are states with similar approaches to Colorado in their stakeholder engagement protocol. Long Term Care Councils and Medical Management Oversight Advisory Committees will serve as a strong support to Dual Demonstration workgroups in states. The importance of transparency is also stressed as state websites will have key information about the implementation process including meeting minutes, agenda items, and action plans. Other states have mentioned the geographic and cultural diversity within the state along with the need to hold regional forums and make sure that stakeholders are representative of all state residents[15].

There are, however, states with additional approaches to stakeholder outreach. Some states like Oklahoma and Tennessee will adhere to strict 2 to 3 month timelines to identify stakeholders and gather ongoing feedback. While Colorado and most of the other 14 states reviewed plan to handle stakeholder engagement internally, New York plans to hire a consultant to handle all administrative tasks associated with gathering stakeholder input. Additionally, North Carolina already has a strong beneficiary focus and will use pre-established communication specialists, health education workers, and focus groups to assess and record input from duals and their advocates. Another state approach is in South Carolina where they strongly adhere to an advisory council which speaks to Medicare services and medical items used by beneficiaries. Other states like Vermont and Tennessee will not need to devote much time to developing a stakeholder base and workgroups, because they will form an extension of stakeholder groups from past grants and care programs related to dual eligibles. The table below displays a summary of different approaches states have taken to engage stakeholders:

[15] While Colorado does not specifically address this concern, geographic diversity is very relevant to the state.

Table 1: Approaches to Stakeholder Engagement

Approaches to Stakeholder Engagement	States
Engagement of consumers and beneficiaries via focus groups or outreach workers	California, North Carolina, Washington
Committees created by state governors to advise on policies surrounding integrated care	New York, Oregon
Newly proposed workgroups, using members from existing workgroups	Connecticut, Minnesota, South Carolina, Wisconsin
Dual Demonstration workgroups modeled off of or currently serving as a subcommittee from a pre-established Long-Term Care Council	South Carolina, Wisconsin
Use of stakeholders identified through previous grants and contract awards and successful programs	Tennessee, North Carolina, Vermont
Acknowledgement of stakeholders that represent the geographic diversity of the state	Michigan, Oregon
States with strong existing relationships between other health department executives and ad-hoc advisory committees that provide input on policies and make recommendations.	Michigan, Wisconsin
All stakeholder initiatives will be posted to state websites	Connecticut , Oklahoma

Appendix A to this Addendum presents more detailed descriptions of each state's stated intentions to involve stakeholders in its dual eligible planning.

In 2010 the Center for Health Care Strategies (CHCS) published a technical assistance brief about stakeholder involvement in dual eligible programs.[16] The brief contained advice to state staff from the National Health Law Program (NHLP). The advice in the brief was based on

[16] Center for Health Care Strategies, (2010, December), *Engaging Consumer Stakeholders to Improve Systems of Care for Dual Eligibles*, Hamilton, NJ. Retrieved on 6-28-2011 from http://www.chcs.org/usr_doc/TCDE_StakeholderBrief_122010.pdf

practical experiences that CHCS and NHLP had in working in California on the 2010 renewal of its 1115 managed care expansion. The main points of the advice to state agencies in the brief were:

- Trust the process;
- Engage narrowly and broadly;
- Get input from local and state advocates;
- Include real beneficiaries;
- Share your process;
- Provide a variety of opportunities for stakeholders to participate;
- Include stakeholders from the beginning;
- Share drafts of proposals and other documents;
- Be responsive to concerns raised, and
- Consider evaluation from the beginning.

An interview with an attorney at NHLP who worked on the technical assistance brief added the following practical suggestions.[17]

- It may not be possible to find a single most effective stakeholder process since different stakeholders have different concepts of what is effectiveness;
- If people feel disempowered, it doesn't matter what process you use or how much research you claim it has;
- The idea of having real opportunity to provide input into plans as they are being made is what is important. Stakeholders should be involved in decision making and not just be given opportunities to react to what has been decided;
- Stakeholder work should provide opportunities for different audiences to work on different levels. For example, smaller groups to work on specific problems;

[17] Interview with Kevin Prindiville, National Health Law Program, June 28, 2011.

- In California, everything was posted on a website which resulted in very effective transparency since everyone had information to look at and learn from;
- Stakeholders need to see everyone from the state so they do not have the idea that they are talking to one person who is only there because he is supposed to talk with them;
- There are different things you can learn from local versus statewide stakeholders;
- Collect comments from actual beneficiaries including persons who do not speak English;
- Think about stakeholders as an ongoing process. The roles are different over time from beginning to implementation to maintenance, and
- Sharing the process early blunts criticism later. Let people see the path and let them object up front. Identify problems early.

Medicaid Managed Care Programs in General

Federal Medicaid managed care regulations do not contain provisions specifying how stakeholders are to be involved in the design of managed care programs. Rather the emphasis in Federal regulations is on how consumers are to be informed of the plans and choices available to them and procedures that shall be used to process complaints and appeals.

As noted above, the experiences of the 1990's led to the publication of multiple perspectives on stakeholder involvement in Medicaid managed care programs. One such perspective is the 1999 publication by the NHLP of recommendations that look at stakeholder involvement from a consumer perspective.[18] The NHLP work was based on considerable research and thinking.[19]

[18] National Health Law Program, Inc. (1999, April), *Recommendations for Making the Consumers' Voice Heard in Medicaid Managed Care*, Chapel Hill, NC. Retrieved on 6-27-2011 from www.probono.net/healthlaw/library/attachment.67843

[19] National Health Law Program, Inc. (1999, April) p. 10 "An interdisciplinary technical advisory group was convened to provide reactions and suggestions. In addition, site visits were made to California, Kentucky, New York City, Ohio, and Washington. During each of the site visits, surveys were conducted of consumers, advocates, health plans, and state administrators. In each site, focus groups and meetings with Medicaid beneficiaries were held to obtain their recommendations on how consumers can be more effectively involved in Medicaid managed care."

Despite the title's reference to managed care, the recommendations are generic and apply to any state program and consumers.

The NHLP work first identifies the barriers to consumer involvement, which are:

- Lack of commitment on the part of other stakeholders. "Throughout this project, numerous consumers and consumer advocates expressed frustration that nothing came from their participation. Not surprisingly, consumers who felt that their participation was not valued were unlikely to continue to participate."
- Failure to involve consumers in planning the mechanisms for participation. "Consumers are much more likely to be invested in participation if they have a shared role in the promotion and planning of the mechanism."
- Lack of funding for stakeholder participation.

The NHLP work further identified the following areas, discussed each in turn, and came up with a checklist of questions to ask about consumer involvement in each area. The NHLP areas include:

- Outreach and education;
- Public meetings and community forums;
- Boards and committees;
- Focus groups;
- Recipient employees;
- Member advocates;
- Consumer surveys;
- Hotlines;
- Consumer assistance programs; and
- Complaint processes;

The checklists appear useful and are applicable in the development of stakeholder involvement in Colorado's dual eligible work.

The 2000 U.S. Department of Health and Human Services (HHS) report titled "Safeguards for Individuals with Special Health Care Needs Enrolled in Medicaid Managed Care" was a significant effort involving multiple federal agencies, research and policy organizations, and advocates.[20] The report contained a chapter on the education and involvement of stakeholders.

The report synthesizes considerable research and makes three key recommendations.[21]

The first stakeholder recommendation is "***Recommendation 3:*** *States and MCOs should establish and implement mechanisms for involving beneficiaries, their families (as appropriate), health and social service agencies (as appropriate), and other stakeholders in the design, implementation, and evaluation of managed care initiatives for beneficiaries with special health care needs."*

This recommendation speaks to benefit packages and managed care operations. The documentation substantiating this recommendation argues that persons with special needs, their families and the social service agencies that help them are a significant resource in understanding what services such persons need and how managed care operations should be structured. One illustrative example the report uses is from Oregon. "…when Oregon Medicaid expanded the Oregon Health Plan (OHP) to include enrollees with special health care needs (i.e., the aged, blind, and disabled) and include mental health and chemical dependency services, much more coordination was needed with State and local agencies than was the case when OHP served the non-disabled eligible Medicaid beneficiaries (Mittler and Gold, 1999)."

[20] Department of Health and Human Services, (2000, November), *Safeguards for Individuals with Special Health Care Needs Enrolled in Medicaid Managed Care*, Report to Congress, Washington, D.C. Retrieved on 6-27-2011 from http://www.ideainfanttoddler.org/pdf/AppP.pdf
[21] Ibid. pp. 26-41

This implication of this line of thinking for Colorado is the awareness that stakeholder advice should be solicited in a structured way from stakeholders, their families, and local social service agencies to understand how the operations of accountable care organizations and medical homes need to be different to accommodate dual eligible persons.

The report's second stakeholder recommendation **"Recommendation 4:** *States should educate beneficiaries with special health care needs, their families (as appropriate), and other stakeholders during the transition to managed care and during enrollment in their MCO. Beneficiary education should promote understanding of: 1) how managed care works; 2) MCO provider network provisions; 3) Medicaid benefits provided by the MCO; 4) State's responsibilities to provide access to Medicaid State Plan services not included in the MCOs' contract, and the mechanisms enrollees can use to obtain these; 5) beneficiary rights and responsibilities as MCO enrollees; 6) MCO responsibilities for care coordination; 7) MCO grievance and appeals mechanisms; and 8) the State fair-hearing process. This should include development and distribution of consumer information materials that accommodate impairments that may limit the use of such information. MCO and provider education should address the clinical and nonclinical service needs of enrollees with special health care needs.*"

These eight items are familiar ones and are codified in federal managed care regulations. The items are helpful in reminding program planners that dual eligible persons may require a different implementation of these suggestions. Each item listed can be filtered through a dual eligible lens. For example, is there anything about how managed care works that a dual eligible person would need to know that is different from what a non-dual eligible person needs to know? Or, are different provider networks necessary when working with dual eligible beneficiary groups?

The last stakeholder recommendation of the HHS report is ***"Recommendation 5:*** *States should use mechanisms such as ombudsman programs, beneficiary information hotlines, or other consumer advocacy approaches to provide direct assistance to enrollees with special health care*

needs in understanding and navigating both the State's managed care initiative and the MCO in which they are enrolled."

As with the other recommendations, the HHS report contains examples and research documenting why this recommendation is necessary. Again, the utility for Colorado work is to ask what about ombudsman programs, hotlines, and proposed consumer advocacy need to be adjusted to take into account dual eligibles.

In total, the three stakeholder recommendations are sobering as they point the necessity of systematically collecting information from dual eligible persons, their families and caregivers, and the local social service and medical agencies that work with them. Plus, program planners need to creatively review policies and procedures and implementation activities from the standpoint of if and how they need to be changed to take into account the characteristics of dual eligible persons.

Also in 2000, Schield et al. published a "Stakeholder Relationship Model" that provides a framework for analyzing relationships among stakeholders and barriers that impede collaboration among stakeholders. Its focus is on managed care and in this model any person or organization who buys, sells, or uses managed care is a stakeholder. The model records the objectives of each stakeholder's group regarding cost, quality, and access. Schield and her colleagues applied the model to the Boston health care market place and this application shows the model has a descriptive utility in analyzing the objectives of large stakeholder groups in regard to cost, quality and access. However, the model appears weak on process and does not appear to have sufficient applicability to a state's effort to plan health care for dual eligibles.

In 2006, New York began a mandatory enrollment of persons with supplemental security income (SSI) into its 1115 managed care waiver. New York summarized its approach in six

perspectives. These perspectives do not provide detailed directions for involving stakeholders, but they do set a policy framework.[22] The perspectives are:

- Understand who the Stakeholders are and Make Involving Them a Priority.
- Involve Stakeholders Early and Throughout Program Planning.
- Use Data to Support Program Changes and Address Stakeholder Concerns.
- Stakeholder Involvement is an On-going Process.
- State and Stakeholders Share Common Concerns.
- You Won't Always Agree.

The New York summary provides modest examples of how it implemented its perspective. For example, under "Stakeholder involvement is an On-Going Process", New York's enrollment broker subcontracted with local community-based organizations to work directly with SSI enrollees. The emphasis on using data to support stakeholder concerns is exemplified by New York showing stakeholders that the quality of care that persons got in managed care was better than the care in fee-for-service on 20 of 22 measures.

In 2006, CHCS did a national scan of Medicaid managed care programs and interviewed Medicaid staff in fourteen states.[23] The report does not focus on methods of engaging stakeholders although it a good description of what the fourteen states studied were doing in 2006 around dual eligibles and managed care. Two items from the report are pertinent to mention. The first is about Colorado.

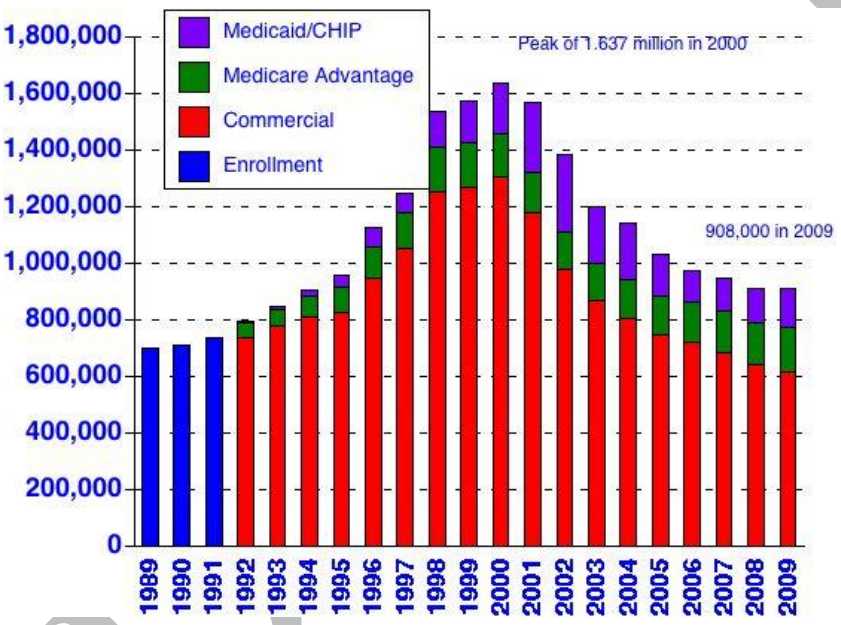
"In Colorado, while many stakeholders still oppose major managed care expansions for the Adult Blind and Disabled (ABD) population due to an unsatisfactory experience with an earlier

[22] Department of Health (2006, July), *Involving and Engaging Stakeholders: New York's Perspective*, State of New York, Retrieved on 6-28-2011 from http://www.chcs.org/usr_doc/NY_-_Involving_and_Engaging_Stakeholder.pdf
[23] Center for Health Care Strategies, (2006, November), *Seeking Higher Value in Medicaid: A National Scan of State Purchasers*, A report prepared for the Kaiser Permanente Community Benefit and the Robert Wood Johnson Foundation, Hamilton, NJ. Retrieved on 6-28-2011 from http://www.chcs.org/publications3960/publications_show.htm?doc_id=422081

mandatory managed care enrollment initiative, the legislature recently approved a small pilot managed care program for people with special needs. It is fashioned after the Massachusetts Commonwealth Care Alliance program. In keeping with the state's preference for local and nonprofit solutions, the authorizing legislation stipulates that the program be developed by a local nonprofit organization with experience in the disability arena."[24]

This comment reinforces the understanding that managed care has not been expanding in Colorado. The table below shows the steady decline since 2000 in the use of managed care in Colorado for all types of managed care.[25]

Figure 1: Colorado Managed Care Enrollment



[24] See page 10 of Center for Health Care Strategies report, *Seeking Higher Value in Medicaid: A National Scan of State Purchasers*

[25] Baumgartner (2010, August), *Colorado Health Market Review* Retrieved on 6-28-2011 from http://www.allanbaumgarten.com/index.cfm?fuseaction=dsp_report&state=co

The implications in the first item in the CHCS scan of fourteen states is that there may be a need for educational programs prior to enrollment efforts to inform potential dual eligible enrollees on accountable care organizations and medical homes.

A second pertinent item from the CHCS scan is a reference to consumer involvement in Wisconsin. "Wisconsin cites the involvement of consumers in contract development as one key to the success of its managed care initiative for the ABD population. Medicaid consumers were included in the negotiation teams for each of the ABD managed care contracts. This helped strengthen consumer buy-in, and led to the negotiation of several important contract requirements to assure quality, including the in-depth evaluation of a plan's provider network as a condition of certification. Having consumers at the table enabled the state to proceed with its "automatic enrollment" approach, in which all beneficiaries are enrolled in managed care but have the ability to opt out under certain circumstances."

This is an important example and points out one of the ways consumer stakeholder involvement might make a contribution in Colorado. More follow up would be required with Wisconsin participants to understand how such a contribution could be effected in Colorado.

Since January 2008, Minnesota has had a managed care program called Special Needs Basic Care (SNBC) for persons with disabilities under the age of 65. It is a voluntary program that spans primary, acute, and pharmaceutical services. It does not include personal care, ICF-DD, county case management, or home and community based waiver services.[26]

[26] Description is based on PCG communication with Minnesota Department of Human Services staff 6-28-2011. Program information about SNBC can be found at, retrieved on 7-9-2011 from, http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_139491

Minnesota staffs report having a good SNBC disability stakeholder's process which has been going on since about 2006. It is required in statute and that has been important to stakeholders. State staff have worked to build open communication, frank exchange, and increased trust levels between the Department, the Special Needs Plans, and the disability advocates. The state has provided substantive education about managed care contracting requirements and rates, advocates have helped design contract additions, the plans present frequently on what they are doing, and the state has a fairly open policy about membership and attendance which includes providers, counties, union representation, as well as lots of disability advocacy groups and legal aid. Minnesota staffs recommend keeping in continuous touch with the undercurrents of concern and thinking of advocacy groups as constant communication has been key to building trust. The Department supported advocate positions in a key decision including defending the decision in an appeal and this has contributed to the trust.

Also, the key has been participation by advocates that are more supportive of managed care options. The fact that personal care (PCA) and waiver services are not included by statute has helped lessen some advocates' concerns.

As to "rules of engagement", Minnesota Department staffs report that they spend considerable time communicating about realistic expectations and parameters. An example cited was that advocates understood that there wasn't money on the table for some things they wanted but most of the plans responded well to their request for navigation assistance, fitness benefits and establishing local stakeholder groups.

A 2010 Maine report is a feasibility study on risk-based contracting for managed care.[27] The state does not have a Medicaid managed care program and the study was a general look at what it

[27] Department of Health and Human Services, (2010, May), *Feasibility of Risk-based Contracting in the MaineCare Program*, Report to the Maine Legislature's Joint Standing Committee on Health and Human Services. Augusta, ME. Retrieved on 7-9-2011 from www.maine.gov/dhhs/reports/riskbasedcontracting.doc

would take to initiate a managed care program. Maine studied the experience of other states and in its section on lessons learned it says this about stakeholders: "Officials from MMC [Medicaid managed care] states emphasize the need to engage stakeholders in the design, development, implementation, and oversight of MMC. Stakeholders include consumers, advocates, providers and contractors. Legislators are also key stakeholders whose early support is critical to long term program viability."

The necessity to engage stakeholders early and continuously was the major stakeholder takeaway that Maine staff developed from their multi-state research.

State Human Service Models

The literature on state human service programs is immense and contains frequent references to stakeholders. This section presents some illustrative examples of this discussion. No representation is made this is a complete sampling of all discussions and analyses of how stakeholders participate in state human service programs. Rather the examples discussed in this section are selected to convey the variety of discussion evident in the literature.

In 2005, the Technical Assistance vendor for the Administration on Aging's Aging and Disability Resource Center (ADRC) program put on a conference call for states to discuss how stakeholders participated in their state's program.[28] Participants from four states described recruitment and operation of ADRC advisory boards and state advisory work in general. A review of the conference transcript shows that while the states set up different advisory structures, they still encountered the same problems of identifying who stakeholders were, recruiting them to participate, defining the participation needed, and maintaining stakeholder interest as the process developed.

[28] A transcript of the conference call is available at the website of the ADRC technical assistance vendor. See, retrieved on 6-29-11 from, http://www.adrc-tae.org/tiki-index.php?page=Stakeholders

In 2006, Maryland prepared "A User's Guide to Watershed Planning in Maryland" which contained a chapter on "Stakeholder Involvement Methods."[29] While specific ideas in the chapter are useful, the context of the methodology is involving residents of a distinct geographical area that is located next to the natural resource, in this case a watershed. The purpose of the involvement appears to be developing a plan for the watershed, e.g. a lake restoration plan. While there are good general comments applicable to any stakeholder planning as a model, the approaches suggested have limited utility for Colorado's dual eligible planning.

PCG research efforts found study of an advisory committee, a 2007 Arizona survey study of the Arizona Links Steering Committee.[30] AZ Links is Arizona's ADRC. The survey work provides a modest example of how a stakeholder group evaluates its progress after six months.

The 2009 study of California dental programs by the California Health Foundation contains a familiar theme. This dental study looked at other dental studies done in different states and concluded that "To ensure programmatic reforms were well received and reflected a state's individual characteristics, all of the study states emphasized a need to actively engage a range of dental stakeholders including state dental associations, dental schools, dental plans, dental professionals, physicians, Head Start representatives, schools, and consumer advocates."[31] The California dental report does not go on to analyze effective ways that stakeholders can be used. Rather, its main comment about stakeholders reinforces the frequent admonition that a broad range of stakeholders be engaged.

[29] Department of Natural Resources, State of Maryland, (2006), *A User's Guide to Watershed Planning in Maryland*, Baltimore, MD Retrieved on 6-29-2011 from www.dnr.state.**md**.us/**watersheds**/pubs/**userguide**.html
[30] 2007 AZ Links Steering Committee Evaluation. Retrieved on 6-29-2011 from www.adrc-tae.org/tiki-download_file.php?fileId=26878
[31] California HealthCare Foundation, (2009 July), *Managing California's Medicaid Dental Program: Lessons from Other States*, Oakland, CA. p. 12 .Retrieved on 6-29-2011 from http://www.chcf.org/~/media/Files/PDF/M/PDF%20MedicaidDentalLessonsStates.pdf

In 2009, the National Academy for State Health Policy (NASHP) published a study of ten state quality improvement partnerships.[32] The report describes these as "…10 leading state quality improvement partnerships – interrelated broad-based partnerships, mostly with public and private sector representation, which have long-term, statewide, systemic quality improvement strategic intent, and transparent agendas." The Colorado Center for Improving Value in Health Care (CIVHC) was one of the ten partnerships studied.

The partnerships are interesting in themselves since they are coalitions that seek to improve health care and need to take each other's interests into account. The 2009 NASHP study contains examples of partnerships that have worked with providers but does not describe the projects in-depth. The study is thus a starting place for looking at how an alliance of persons concerned with health care work with medical providers as stakeholders.

In 2010, the State of Massachusetts published a "Consumer Involvement Toolkit" which was developed by nine state agencies and consumers.[33] Massachusetts human service agencies are obliged by law (Chapter 171 of the Massachusetts laws of 2002) to engage consumers and family members in meaningful dialogue regarding policymaking. The Toolkit is a distillation of the considerable experience that agencies and consumers developed in the last ten years.

The toolkit is excellent in organizing steps in the stakeholder engagement process.

Step 1: Determine Consumer Roles and Expectations

Create a work plan;

Be prepared for common questions consumers ask before they commit;

[32] National Academy for State Health Policy, (2009, June), *State Partnerships to Improve Quality: Models and Practices from Leading States*, Portland, ME Retrieved on 6-29-2011 from http://www.nashp.org/sites/default/files/Quality%20Improvements%20FINAL.pdf

[33] State of Massachusetts, (2010, June) , *Consumer Involvement Toolkit: A Resource for State Agencies*, Boston, MA Retrieved on 6-29-2011 from http://www.mass.gov/Eeohhs2/docs/eohhs/olmstead/stg/consumer_involvement_toolkit.pdf

Identify necessary resources; and

Determine the consumer role – lesson learned.

Step 2: Outreach and Recruitment for Consumer Participation

Develop guidelines for selecting diverse populations;

How to create opportunities to network and explore; and

Ten questions to answer for successful recruitment and outreach efforts.

Step 3: Support the Process of Consumer Involvement

How to Ensure Reasonable accommodations for meetings;

Meeting access;

Preparing materials to ensure consumer participation;

Provide support and assistance;

The key to success is communication;

Communicate clearly to ensure satisfying and effective consumer involvement;

Tips specific to engaging people with intellectual disabilities in policymaking; and

Support the process of consumer involvement – lesson learned.

Step 4: Evaluate Consumer Involvement Experiences

When should an evaluation be conducted?

What are you hoping to learn from the evaluation?

What approaches can be used to evaluate consumer involvement?

Can/should consumers be involved in the evaluation activities?

Participant questionnaire.

The Massachusetts Toolkit is not specific to dual eligibles or managed care, but is a thorough analysis of process which if gone through will increase the probability of successful stakeholder involvement. The Toolkit publication is also easy to read and use. It uses a large font size, has clean graphics, and is logically organized. It is a document that can be distributed to both

professional staff and consumers. It is also the only stakeholder document reviewed that addresses needs of persons with intellectual and physical disabilities.

Other Public Agency Models

The necessity to involve stakeholders is widely recognized. For example, public agencies of all kinds wrestle with the problems of how to obtain stakeholder input in complex environmental and public health problems. This common problem has created a sizeable body of literature. To obtain a rounded perspective on stakeholder involvement, PCG researched European discussions of stakeholder involvement in environmental health and planning and public health planning. Like managed care planning, stakeholder work in these areas has the practical effect of influencing the health-related experiences of large numbers of persons.

In 2004, the Organisation for Economic Co-Operation and Development (OECD) published a short guide and bibliography of stakeholder involvement techniques.[34,35] The publication did not present a model or process for working with stakeholders. Rather, its point of view was that no one model is best. Stakeholder work is very contextual and depends on the issue, the stakeholders, and the public entities involved. What the publication did was to discuss specific techniques and cite literature exemplifying their use. The discussion is good but does not appear to have an immediacy of interest to Colorado dual eligible work.

For example, as with the Halton Ladder of Participation discussed below, the OECD identifies levels of involvement but simply says the expected level of involvement needs to be clearly defined.

[34] PCG will follow European spelling conventions used in the original material when presenting information about European publications. E.g. "organisation," "mobilse, and programme."
[35] Organisation for Economic Co-Operation and Development, (2004), *Stakeholder Involvement Techniques: Short Guide and Annotated Bibliography*, Paris, France Retrieved on 6-29-2011 from http://www.oecd-nea.org/rwm/reports/2004/nea5418-stakeholder.pdf

Table 2: Organization for Co-Operation and Development Public Involvement Continuum

Table 1. **A public involvement continuum**[11]

Low level of public involvement or influence		**Mid level**	**High level of public involvement or influence**	
Inform, educate, share or disseminate information	Gather information, views	Discuss through two-way dialogue	Fully engage on complex issues	Partner in the implementation of solutions

Then the report goes on to discuss techniques of communication that are appropriate at different levels.

In 2005, the Halton Borough, which is a borough in the United Kingdom, published a "Stakeholder Involvement Toolkit."[36] It is an excellent toolkit. It is a general discussion of stake holder involvement processes, has clean graphics, and is logically organized.

The Halton Toolkit opens with useful reminder of the need for clarity in the degree of influence that stakeholders will have in the process. This is what Halton calls the "Ladder of Participation." The "Ladder" names the different levels of influence that stakeholders can have. Discussions of stakeholder influence indicate that this is a fluid process. Implementing programs may involve multiple decisions and stakeholders have different amounts of influence depending on the decision. Moreover, the relative influence of stakeholders will vary by decision. This is a

[36] Retrieved on 7-6-2011 from http://www.halton.gov.uk/sit/section1haltonversionoftoolkit.pdf Halton is a borough in Cheshire County in north-west England.

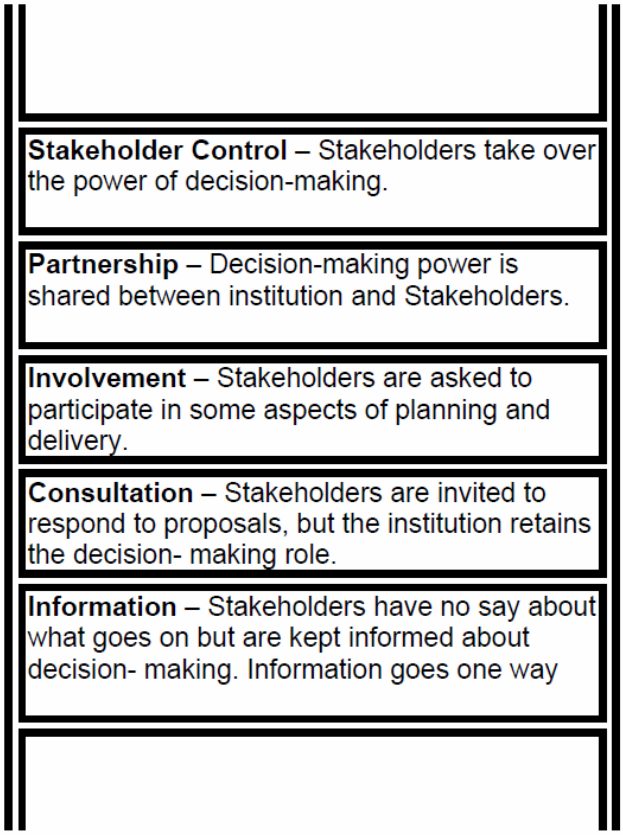
problematical part of the stakeholder process since problems may emerge when stakeholder develop expectations that they will have more influence or control than they in fact will have.

Figure 2: Halton Borough Ladder of Participation

The Ladder of Participation

When considering any stakeholder involvement exercise, it is important to be clear why we are doing it, what we hope to achieve from it and what the best method is to use to meet our aims.

The adapted version of "A Ladder of Citizen Partnership" - S Arnstein (below) is used as a framework in Health's "Every Voice Counts" project and Halton Primary Care Trust's Patient and Public Involvement Strategy. It is a model that describes the various levels of involvement that stakeholders may have.



The Halton Toolkit shows the stages in the process. They include:

- Stage 1- Why are you asking stakeholders to participate?
- Stage 2- What are you consulting about?
- Stage 3- Deciding who to involve
- Stage 4- When to consult
- Stage 5- How should I carry out my Stakeholder Involvement
- Stage 6- Analyzing the results
- Stage 7- Providing feedback
- Stage 8- Evaluating your consultation exercise

The tool kit lays out how to work on each step and provides summary checklists of each step. For example, the summary measures for "Stage 3 – Deciding who to involve" are shown below:

- Identify for stakeholders- who do you want to reach? Consider whether you can use existing groups and networks creatively. This will be time and cost effective.
    - Think- how can you reach groups who traditionally we have not engaged with?
    - What sort of views are you looking for? Do you need responses that are representative, in-depth, individual's experience?
    - Set targets for the involvement of different groups of stakeholders.
    - Think about how you will balance stakeholders' views- whose views will be given most weight and why?
    - Use a variety of methods that suit your target audience.
    - Consider how Councilors will be involved in the consultation.
    - At the end you want to be able to measure that you have the views that you wanted, and that you were successful in reaching groups who are traditionally hard to engage.

In 2005, Edelenbos and Klijn studied the outcomes and backgrounds of six interactive decision-making processes and their organizational arrangements in the Netherlands. Edelenbos and Klijn do not present a model of stakeholder involvement. Rather they studied the outcomes and backgrounds of six interactive decision-making processes and their organizational arrangements in the Netherlands.[37] Their focus is on interactive governance which they describe "… as a way of conducting policies whereby a government involves its citizens, social organizations, enterprises, and other stakeholders in the early stages of the policy-making process.

Edelenbos and Klijn studied three dimensions of interactive decision making: how formal the process was, the depth and width of stakeholder involvement, and the extent to which political decision makers were involved. They did six case studies of local town councils and found that process management had the most influence on successful outcomes. Greater input did not necessarily lead to better outcomes. What was important was how the input was managed. Process management that was "adaptive", that changed as the process developed, was more effective than having a very formal process which was tightly followed. They also found that the depth of stakeholder participation was more important than breadth. You can have a lot of stakeholders but if no one participates the outcomes are not successful. Finally, they also concluded that "…participation is strongly appreciated by stakeholders if they see real outcomes from this participation. On the basis of our material we are even inclined to say that one can better afford no participation at all than bad participation that is not well managed and in which voiced preferences are neglected."[38]

In 2005, Biggs and Kiker reviewed the literature on risk assessment analysis and multi-criteria decision analysis which are typically applied in situations involving contested viewpoints. In

[37] Edelenbos, J & Klijn, E. (2005, July), *Managing Stakeholder Involvement in Decision Making: A Comparative Analysis of Six Interactive Processes in the Netherlands*, Journal of Public Administration Research and Theory. Retrieved on 6-30-2011 from http://publishing.eur.nl/ir/repub/asset/10678/BSK-CDMN-2006-013.pdf

[38] Ibid. p. 20

their paper they present six "elements of best practice" for stakeholder involvement and a Directory of Tools and Methodologies which can be used by facilitators in stakeholder involvement situations.[39] The six elements are only briefly described but they are:

- Core values;
- Rules of engagement;
- Measurable outcomes;
- stakeholder research program;
- Independent facilitators; and
- "Pay for play"—funding to help stakeholders participate.

The value of Biggs and Kiker's work is in their dictionary which mentions 31 techniques for working with stakeholders with corresponding bibliographic references discussing them.

In 2007, the World Health Organization (WHO) published a Stakeholder Involvement paper in the context of efforts to prevent non-communicable diseases.[40] While most of the paper discusses workplace health and its promotion, the paper does have a four-step "model of stakeholder involvement." The content of the paper is understandably heavy on how public health stakeholders in an international context work together. However, there is one general section on stakeholder analysis which is useful. WHO suggests that stakeholders can be analyzed along a continuum of support to resistance and thinking about stakeholders along this continuum leads to a better understanding of stakeholder positions.

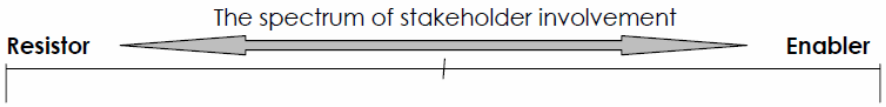
[39] Biggs, B. & Kiker, M. (2005, April), *Environmental Security in Harbors and Coastal Areas: Management using Comparative Risk Assessment and Multi-Criteria Decision Analysis Framework***,** Thessaloniki, Greece. Retrieved on 6-30-2011 from http://files.businesscard2.com/ee2a27656992265f9cd0ba7387182a49/files/9141ebc0a5c1096f6f86c2b51defb1509c9c2cceWhitePaperStakeholderInvolvement-final.pdf

[40] World Health Organization, (2007), *Stakeholder Involvement*, Background paper prepared for the WHO/WEF Joint Event on Preventing Non-communicable Diseases in the Workplace, Dalian, China. Retrieved on 6-30-2011 from http://www.who.int/dietphysicalactivity/griffiths-stakeholder-involvement.pdf

The WHO's continuum is shown in the following Figure. WHO does not place value or imply that resisters are bad and enablers are good. Rather, the WHO model focuses attention on the fact that stakeholders will naturally vary in their support for a new program and it is useful to be aware of this and understand why support or resistance is present.

Figure 3: The World Health Organization's Spectrum of Stakeholder Involvement

Table 2: The enablers/resistors spectrum



Severe resistors	Moderate resistors	Mild resistors / Mild enablers	Moderate enabler	Very proactive enabler
Unable or unwilling to change	Unlikely to change without compelling evidence	Easily moved from one position to another	Is involved through signposting to interventions	Convinced of the benefits of involvement and assumes an ambassadorial role
Cannot see any benefits of becoming involved		Lack of awareness of the benefits of involvement	Awareness of the benefits of involvement and takes action	Has identified clear role in terms of own involvement
Position may be influenced by vested interests			Facilitates access to interventions	

In 2008, the Australian Government's Department of Immigration and Citizenship published a Stakeholder Engagement Practitioner Handbook.[41,42] The audience for the Handbook is the Department's staff and the handbook is written from the point of view of a large central government department. This Australian department deals with complex stakeholder groups such as the international maritime shipping industry and the procedures for engaging stakeholders reflect this. The Handbook is clear in identifying limits on what Department staff can discuss

41 See retrieved on 6-29-2011 from http://www.immi.gov.au/about/stakeholder-engagement/_pdf/stakeholder-engagement-practitioner-handbook.pdf
42 PCG is aware that Australia is not in Europe. Although this section is described as containing stakeholder material from European public agencies, it seemed to be the most fitting section to place a discussion of this large Australian government department.

with stakeholders, what you can tell them about administrative strategies, and what you can promise will occur as a result of the consultation.

The heart of the recommended process is to first identify who the stakeholders are:

"When defining the rules of engagement you should ask the following questions.

- Who are the key stakeholders?
- What are our strategic objectives and how do these relate to stakeholders?
- What are the specific issues in dealing with these stakeholders?
- How can I undertake an initial prioritization of stakeholders and issues for further analysis?
- What issues are able to be addressed and which are not?"[43]

The next step in the Department's process is to strengthen your engagement capabilities, define the process and make an engagement plan. "You may wish to consider the following when developing an engagement plan:

- What is the purpose of the engagement?
- Stakeholder representation (what groups and at what level of representation?).
- Level of engagement (from passive monitoring and informing to more active consultation and collaboration).
- The engagement medium (for example internet, telephone, video conference, direct (local) interaction, print, broadcast, or any mixture of these).
- Timing (set specific timeframes for each step in the process).
- Facilitation type (for example facilitated debate, convened, and mediated).
- Method of engagement (for example surveys, focus groups, local representatives, one-on one, online forum, road shows, stakeholder networks, panels or committees, public

[43] Australian Government, Department of Immigration and Citizenship, (2008), *Stakeholder Engagement* ***Practitioner Handbook,*** Braddon, Australian Capital Territory. p. 15

meetings or forums, partnerships including alliances, collaborative projects, initiatives or ventures).

• How do we measure the success of overall outcomes?"[44]

The Department further advises its staff to:

"In deciding how you will work, be especially conscious of the following points.

1. Be clear to stakeholders where the department does not control the decision making.
2. Be clear about what is negotiable and what is not negotiable.
3. Consider related management issues: governance implications; sign-off and associated implications; stakeholders' willingness to engage; conflicts of interest; differing and/or conflicting stakeholder interest; time frame; cultural differences; capacity implications; maturity of issues."

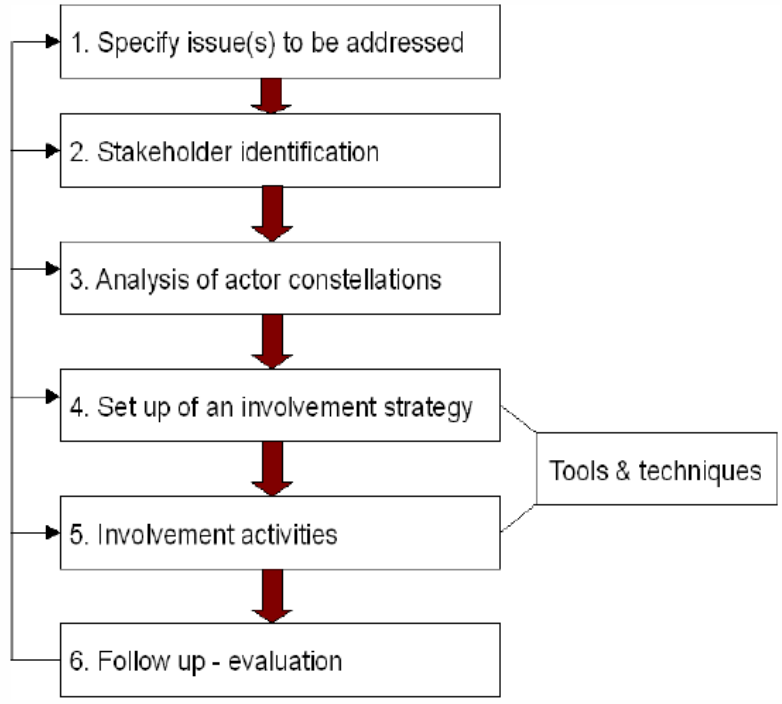
Finally, the Department closes with a final comment saying all stakeholder engagements are different and you have to flexible and adaptive when working with stakeholders. The point of view of the model, a large national department, makes it difficult to translate to Colorado and the dual eligibles program; however, as shown above it does layout useful, basic steps and emphasizes the need for careful planning. The process it lays out and its emphases are useful to study.

In 2009, The European Commission published a "Stakeholder Involvement Handbook" in the context of transportation services for senior citizens.[45] The Handbook outlines a six-step process for getting started and discusses each step in detail. The discussion is reasonable, worth reading, and is applicable to any stakeholder work. After discussing the steps, The European Commission Handbook then goes into the discussion of seniors and transportation issues. The six steps are:

[44] Ibid. p. 18
[45] The European Commission, (2009, July), *Stakeholder Involvement Handbook*, A report prepared by AENEAS. Retrieved on 6-30-2011 from http://www.aeneas-project.eu/docs/AENEAS_StakeholderInvolvementHandbook.pdf

Figure 4: The European Commission's Six Steps

Six steps are described that are considered to be crucial for an appropriate involvement as shown in the figure below. Steps one to three deal with the question "Who to involve?" while steps four to six answers the question "How to involve?"



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Also in 2009, INTARESE, the Integrated Assessment of Health Risks of Environmental Stressors in Europe, published a protocol on stakeholder involvement.[46] The INTARESE work is not actually a model or set of procedures. It is a long, complex, and informative philosophical/political theory discussion on participation, the facilitation of participation, stakeholders, creation of knowledge, tools for working with stakeholders and political theories of

[46] The European Commission, (2009, December), *D47 – Protocol on Stakeholder Involvement*, A report prepared by Integrated Assessment of Health Risks of Environmental Stressors in Europe (INTARESE), Retrieved on 6-30-2011 from http://www.integrated-assessment.eu/sites/default/files/Protocol%20on%20stakeholder%20involvement_2.pdf

decision making. While interesting to read, it is a not a document that can be practically used for Colorado purposes.

Business Models

The businesses literature is voluminous with discussions of consumers and markets.[47] There are circumstances in which project planning must involve stakeholder feedback. Such circumstances span the microcosm of businesses appearing before local zoning boards, to factory expansions with a small local impact, to mining developments by large multi-national corporations that have extensive geographical impact. In this section we review examples of stakeholder analyses and then look at stakeholder handbooks published by large corporations.

There is an undated "change management toolbox" website which contains links to 137 web pages with specific change management techniques; a number with colorful names like Walt Disney Circles, the Magic Question, and the Jazz Lab.[48] One of these is a website called Stakeholder Involvement in Change". It describes stakeholder involvement as moving through five stages: telling, selling, testing, consulting, and co-creating. As the stages progress they require more staff involvement and more leadership from different persons.[49] The model is intended for a large business company that seeks to make changes in its business and needs to involve employees in the change.

In 1998, Kamesh et al. published a survey of hospitals that discussed their stakeholder groups and the perception of hospital executives as to how well they, the hospital executives, were

[47] Numerous references to stakeholder involvement information can be found in AccountAbility United Nations Environment Programme, and Stakeholder Research Associates, (October, 2005) *From Words to Action: The Stakeholder Engagement Manual*" London, U.K. p. 14 and pp. 137-141. See, retrieved on 7-6-2011 from, http://www.accountability.org/images/content/2/0/208.pdf

[48] See, retrieved on 7-6-2011 from, http://www.change-management-toolbook.com/mod/book/view.php?id=74&chapterid=71

[49] The five steps are "… based on a design Peter Senge has provided in his famous Fifth Discipline Fieldbook. It shows the different steps of involvement and participation in change processes."

meeting performance goals relevant to the various stakeholder groups.[50] The article is interesting because it is a study that identifies the stakeholder groups of a major type of provider of medical services, looks at what the goals of these stakeholder groups are, and then reports the perceptions of hospital executives as to how well their hospital was meeting these goals. This article is not a stakeholder process; rather it is an example of how to analyze stakeholder groups in a medical context.

In 2005, "From Words to Action: The Stakeholder Engagement Manual" was published.[51] This two-volume Manual appears to be in wide use among business companies.[52] The first volume was written by Stakeholder Research Associates and the second was written by AccountAbility, the United Nations Environment Programme, and Stakeholder Research Associates. It is clear why it is used by corporations. It grew out of annual meetings that the United Nations Environment Programme had with corporations and some two dozen corporations took part in its development.

As shown in the excerpt below, the Manual has five stages and eighteen processes. Most of the 142-page Manual is taken up with discussions of the processes.

[50] See, retrieved on 7-6-2011 from, http://www.freepatentsonline.com/article/SAM-Advanced-Management-Journal/20982070.html

[51] AccountAbility United Nations Environment Programme, and Stakeholder Research Associates, (October, 2005) *From Words to Action: The Stakeholder Engagement Manual*" London, U.K. See, retrieved on 7-6-2011 from, http://www.accountability.org/images/content/2/0/208.pdf

[52] For example see references to its use by Teck Resources, the largest mining company in Canada, retrieved on 7-6-2011 from http://www.teck.com/Generic.aspx?PAGE=2007+Sustainability+Report+Pages%2FEngagement+pages%2FEngagement+Programs&portalName=tc and 3M, retrieved on 7-6-2011 from http://solutions.3m.com/3MContentRetrievalAPI/BlobServlet?locale=en_US&lmd=1240970152000&assetId=1180581659226&assetType=MMM_Image&blobAttribute=ImageFile

STAGE 1 **Think strategically about engagement**

P1: Mapping your stakeholders
P2: Setting strategic objectives for engagement
P3: Identifying issues
P4: Prioritising stakeholders and issues

STAGE 2 **Take time to analyse and plan the engagement**

P5: Reviewing your progress
P6: Learning from others and identifying potential partners
P7: Assessing your current engagements and drafting stakeholder specific objectives
P8: Understanding and learning about stakeholders and their representatives
P9: Checking for resource commitments and defining "margins of movement"
P10: Creating an issue focused plan for stakeholder engagement

STAGE 3 **Maintain and strengthen the capacities needed to engage effectively**

P11: Strengthening your company's ability to respond
P12: Developing the internal skills and characteristics needed for stakeholder engagement
P13: Consider your stakeholders' requirements for engagement

STAGE 4 **Engage with your stakeholders in ways that work**

P14: Identifying the most effective engagement methods Common Stakeholder Engagement Approaches
P15: Designing the engagement process

STAGE 5 **Take action and review the engagement**

P16: Creating a plan for action
P17: Reporting back and giving assurance to your stakeholders
P18: Reviewing the engagement process

The "From Words to Action" manual is outstanding. It is a great read because it is gets very granular into the eighteen processes. The manual itself has clean, easy to look at graphics and

substantive comments. If you are involved in stakeholder issues this is a solid work to read and reflect on. The manual is not that transportable to Colorado and is not useable for general circulation for two reasons. First, the context of its examples is about large companies working on projects in emerging markets so you have to mentally translate its applicability to what stakeholder involvement in state human service programs entail. Secondly, the length of the document makes it a hard read.

The 2005 Altria "Stakeholder Engagement Planning Toolkit" is published by the company that owns the Philip Morris cigarette brands.[53] The heart of the Altria process is the following actions and tools.

[53] See, retrieved on 7-6-2011 from, http://www.forumstrategies.com/content/pdf/stakeholder_engagement.pdf

Figure 5: Altria Actions and Tools

Action	Tool
1. Identify Issues	Issues Identification
2. Prioritize Issues	Issue Prioritization
3. Identify Stakeholder Categories	Stakeholder Category Identification
1. Establish Objectives, Scope and Accountability	Engagement Objectives, Scope and Accountability
2. Identify and Research Stakeholders	Stakeholder Identification and Research
3. Map/Prioritize Stakeholders	Stakeholder Prioritization
4. Determine Engagement Mode	Modes of Engagement
5. Establish Evaluation Criteria	Engagement Evaluation Criteria
1. Review Principles	
2. Conduct Initial Outreach	
3. Establish Mutual Objectives	
4. Identify Technique and Need for Facilitation	Engagement Technique Selection
5. Design Engagement	Engagement Design
6. Consider Assurance Options	Assurance Planning
1. Prepare Staff	
2. Provide Stakeholders with Background Information	
3. Conduct Engagement	Conducting the Engagement
4. Confirm Next Steps	
1. Determine Need for Further Engagement	
2. Evaluate Process and Results	Engagement Process Evaluation
3. Perform Assurance	
1. Assess Applications and Share Internally	Engagement Results Action
2. Report Back to Stakeholders	

The Toolkit is a very general description of stakeholder processes and does not contain tobacco related or business case studies. The Toolkit opens with a clear statement of principles that it says are "…based on the best practices of other leading global companies and expert views from

government and society as well as our own collective experience. They have been established to guide planning for and behavior during stakeholder engagement."[54]

The Altria engagement planning kit is a rational model, but appears more useful for limited one-time use rather than a model where continuous but changing stakeholder contributions are required. The model is heavy on company staff performing front-end planning and involves stakeholders in the middle part of the process at Step Four rather than sooner in the process as has been recommended by state agencies and dual eligible advocates. While the model has good principles and makes reasonable comments it does not appear to be a good fit for work with dual eligible stakeholders.

The 2006 Batelle "Communication and Stakeholder Involvement Guidebook for Cement Facilities" is a Guidebook for helping persons building and expanding cement operations. Cement operations are not just building a large factory, but also involve significant mining and heavy transportation operations to obtain the raw mineral supplies. It is understandable that local communities are concerned with the impact of such operations and that cement factory management has to deal with stakeholder issues. Eleven case studies are included of continuous communications programs at the facility level in the cement industry and at the corporate level for an entire country. Finally, a section on Agreements is presented that describes Sustainable Development Agreements with local communities and Voluntary Agreements. While the Batelle Guidebook goes over a familiar ground e.g. identify the stakeholders, the Guidebook appears to be more about public relations, how to build a "communications strategy" than it is a focus on working with stakeholders on program policy and implementation. Like the Altria Toolkit, its description of stakeholder influence levels does not extend to the control level of influence as found in the Halton Borough's Ladder of Participation. The Batelle Guidebook appears to be good for what it is, but is not that relevant to Colorado.[55]

[54] Ibid. p. 5
[55] See retrieved on 7-6-2011 from http://www.wbcsd.org/web/projects/cement/tf6/stakeholder_guide.pdf

The 2011 AA1000 Stakeholder Engagement Standard is a European business standard developed to promote corporate responsibility.[56] The Standard, which is a model or set of procedures for engaging stakeholders took five years to develop and was reviewed by persons in 20 countries. The standard is a straightforward way of seeing the steps in the process.

- Establish the purpose of the engagement:

  Establish the scope of the engagement associated with the purpose, and

  Determine the mandate, ownership and stakeholders of the engagement.

- Plan:

  Profile and map stakeholders;

  Determine engagement level(s) and method(s);

  Identify boundaries of disclosure;

  Draft engagement plan; and

  Establish indicators.

- Prepare:

  Mobilise resources;

  Build Capacity; and

  Identify and prepare for engagement risks.

- Implement the engagement plan:

  Invite stakeholders to engage;

  Brief stakeholders;

  Engage;

[56] AccountAbility, (2011) *Stakeholder Engagement Standard (AA1000SES)*, London, United Kingdom. Retrieved on 6-29-2011 from http://www.accountability.org/about-us/publications/aa1000-1.html

Document the engagement and its outputs;

Develop an action plan; and

Communicate engagement outputs and action plan.

- Review and improve:

  Monitor and evaluate the engagement;

  Learn and improve;

  Follow up on action plan; and

  Report on engagement.

On the one hand the AA1000 standard has useful ideas, for example in section 4.1.1 "Profile and map stakeholders" it has a list of considerations to think about when doing the profiling and mapping.

"Engagement owners should systematically seek to understand each stakeholder's –

- Knowledge of the issues associated with the purpose and scope of the engagement;
- Expectations of the engagement;
- Existing relationship with the organisation (close or distant; formal or informal; positive or negative);
- Dependence (or otherwise) on the organisation, which would necessitate that the stakeholder group should be able to express its views independently of management in order to contribute freely;
- Willingness to engage;
- Level of influence;
- type (civil society, government, consumer etc.);
- Cultural context;
- Geographical scale of operation;
- Capacity to engage (e.g. language barriers, IT literacy, disability);

- Legitimacy; and
- Relationships with other stakeholders."

On the other hand, while these are useful topics to think about, the concept of an engagement owner that manages the process has the appearance of treating stakeholders as things to be managed rather than as participants in a process that is mutually owned. Although this work is promulgated as an international standard, it does not seem to be a model that is appropriate for stakeholder involvement in Colorado's dual eligible programs.

Summary Comments on the Business Literature

As a body of literature, the business views of stakeholder involvement appear less relevant than the analysis of stakeholder issues by public agencies. Much of the business literature involves employees of corporations, shareholders, suppliers, and or boards which are stakeholder groups that lack a precise counterpart in public agency work. The business models reviewed also have an ownership element and tend to have a point of view that one entity is in charge of everything and manages the process.

The best work and one that is well worth reading is "From Words to Action." This is the second of a two volume series. It is well grounded in considerable practice, had wide authorship and is granular in the specificity of its process descriptions and tools it provides.

Evaluation Practices

The burgeoning domestic social programs of the 1960's as exemplified by President's Johnson's "war on poverty" and the Office of Economic Opportunity were accompanied by expanding program evaluation requirements. Inspired by the model of the Government Accounting Office (GAO) evaluation efforts, program evaluation practice spread rapidly throughout education, employment, welfare, and other domestic programs. By the late 1970's a concern with how evaluations were used had developed in the program evaluation industry since evaluators observed that the results of evaluations were not being used to improve the programs evaluated.

This awareness resulted in a focus on activities that could be done to improve the frequency of use and the program evaluation profession began to study the factors that would lead to a greater use of their evaluation results.[57] The result is that a considerable body of knowledge has been collected on stakeholder involvement in program evaluations.

A 2010 study of stakeholder involvement in evaluations found 466 articles about stakeholders and evaluations of which 322 were about involving stakeholder in evaluation projects.[58] While this literature is about stakeholder participation in evaluations of human service programs, there are substantive parallels to stakeholder involvement in the operation of human service programs. The following review of stakeholder involvement concepts in evaluation research discuss collaborative, participatory, and empowerment evaluation as well as theory-based evaluation.

Collaborative Evaluation

Collaborative evaluators are in charge of the evaluation but they create an on-going engagement between evaluators and program staff, resulting in stronger evaluation designs, enhanced data collection and analysis, and results that stakeholders understand and use.[59]

In the Halton Borough Ladder of Participation, this approach would be the middle rung. "Involvement: Where stakeholders are asked to participate in some aspects of planning and delivery."

O'Sullivan and D'Agostino's 2002 work exemplifies this approach.[60] In their 2002 work they say "evaluators are engaged because of the expertise they bring to the endeavor, and leadership

[57] O'Sullivan, R. & D'Agostino, A. (2002), *Promoting Evaluation through Collaboration*, Evaluation, Vol. 8(3): 372–387. p. 374 See retrieved on 7-8-11, http://www.stes-apes.med.ulg.ac.be/Documents_electroniques/EVA/EVA-PROG/ELE%20EVA-PROG%207561.pdf

[58] Fukunaga L & Brandon P., (2010, November), *An Overview of the Methods of the Empirical Studies of Stakeholder Involvement in Program Evaluation*, Paper presented at the meeting of the American Evaluation Association, San Antonio, TX. http://comm.eval.org/EVAL/EVAL/Resources/SearchLibrary/Default.aspx?executeSearch=true&SearchTerm=fukunaga&SearchMatch=any&ProductList=Library&LibrariesList=1eff4fd7-afa0-42e1-b275-f65881b7489b

[59] Retrieved on 7-8-11 from http://www.eval.org/search10/session.asp?sessionid=7016&presenterid=0

for the evaluation resides with that expertise." O'Sullivan and D'Agostino point out that the distinction between collaborative and participatory is weak. The terms are often used interchangeably. Their 2002 work reviews the literature on collaborative evaluation and then describes a multi-year evaluation where collaboration approaches were found to be effective.

Participatory Evaluation

In 2008, Smits and Champagne published a theory called "practical participatory evaluation".[61] They define participatory evaluation (PE) in familiar stakeholder vocabulary. "By PE we mean applied social research that involves a partnership between trained evaluation personnel and practice-based decision makers, organizational members with program responsibility or people with a vital interest in the program." Smits and Champagne open their article by presenting a considerable amount of detailed research evidence showing the success and contradictory effects from using a shared responsibility concept in evaluations.[62] Their opening conclusion is that there is substantial evidence that participation works, but it doesn't always work so the process needs a closer examination. What Smits and Champagne says is that there need to be a better understanding of the relationships between participation and use.

In the Halton Borough Ladder of Participation, this approach would be the second rung from the top. "Partnership – Decision-making power is shared between institution and Stakeholders."

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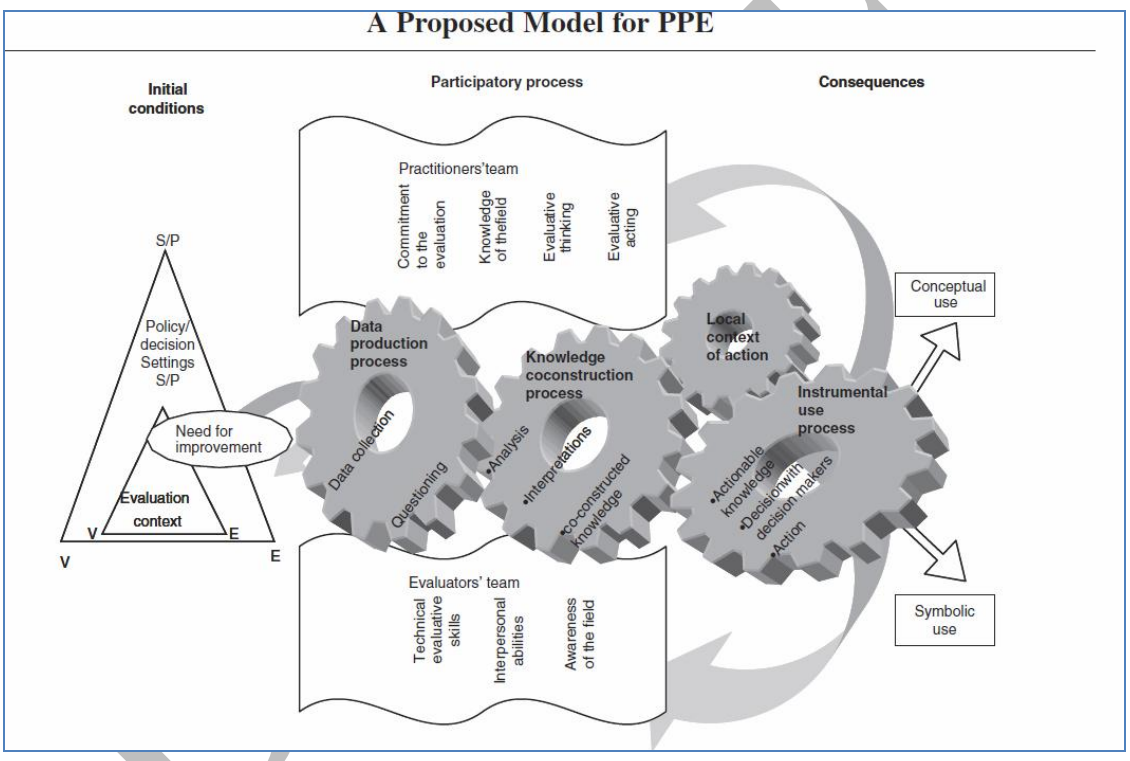
[60] O'Sullivan, R. & D'Agostino, A. (2002), *Promoting Evaluation through Collaboration*, Evaluation, Vol. 8(3): 372–387. See retrieved on 7-8-11, http://www.stes-apes.med.ulg.ac.be/Documents_electroniques/EVA/EVA-PROG/ELE%20EVA-PROG%207561.pdf

[61] Smits, P. & Champagne, F., (2008, December), *An Assessment of the Theoretical Underpinnings of Practical Participatory Evaluation*, American Journal of Evaluation, Vol. 29 No. 4 p.p. 427-442. Retrieved on 7-8-11 from http://aje.sagepub.com/content/29/4/427.full.pdf+html

[62] For an application of this in a public health context see Zukoski, A. & Luluquisen, M., (2002 April), *Participatory Evaluation: What is it? Why do it? What are the challenges?*, Partnership for the Public's Health (PPH), Issue #5. See retrieved on 7-8-11, from http://depts.washington.edu/ccph/pdf_files/Evaluation.pdf

Smits and Champagne propose a complex model but it has three large moving parts, represented by the three larger cogs in the model below, and includes feedback loops. First, evaluator and stakeholders have to talk, knowledge is then "co-constructed," in that a common and accepted knowledge base is established, and then "actionable knowledge" has to be provided to evaluators and stakeholders. The model contains a fourth smaller cog called "local context of action" since "actionable knowledge" is typically that which can be used locally. If you want to have a successful involvement with stakeholders, then provide them with practical, useable knowledge.

Figure 6: Smits and Champagne's Model of Practical Participatory Evaluation



Smits and Champagne present numerous studies supporting their concepts. Like the 2009 INTARESE stakeholder discussion mentioned above, Smits and Champagne discuss the philosophical underpinnings describing knowledge production and use.

Empowerment Evaluation

In 2007, Fetterman and Wandersman published a summary of the literature on "empowerment evaluation."[63] Fetterman introduced the concept of "empowerment evaluation" in 1996. The 1996 work and subsequent books was the subject of frequent comment and this 2007 article is an effort to deal with the many critics of the approach. As the name implies, this approach is substantively different from the objective evaluation of a program by an independent un-involved third party. Rather in this approach, "Empowerment evaluators help create an environment conducive to the development of empowerment. … Empowerment evaluation helps to transform the potential energy of a community into kinetic energy. However, they [the community] are the source of that energy. Standing at a baseball diamond, it is not the bat that drives the run home; it is the player. The bat, like the empowerment evaluator, is only an instrument used to transform that energy."

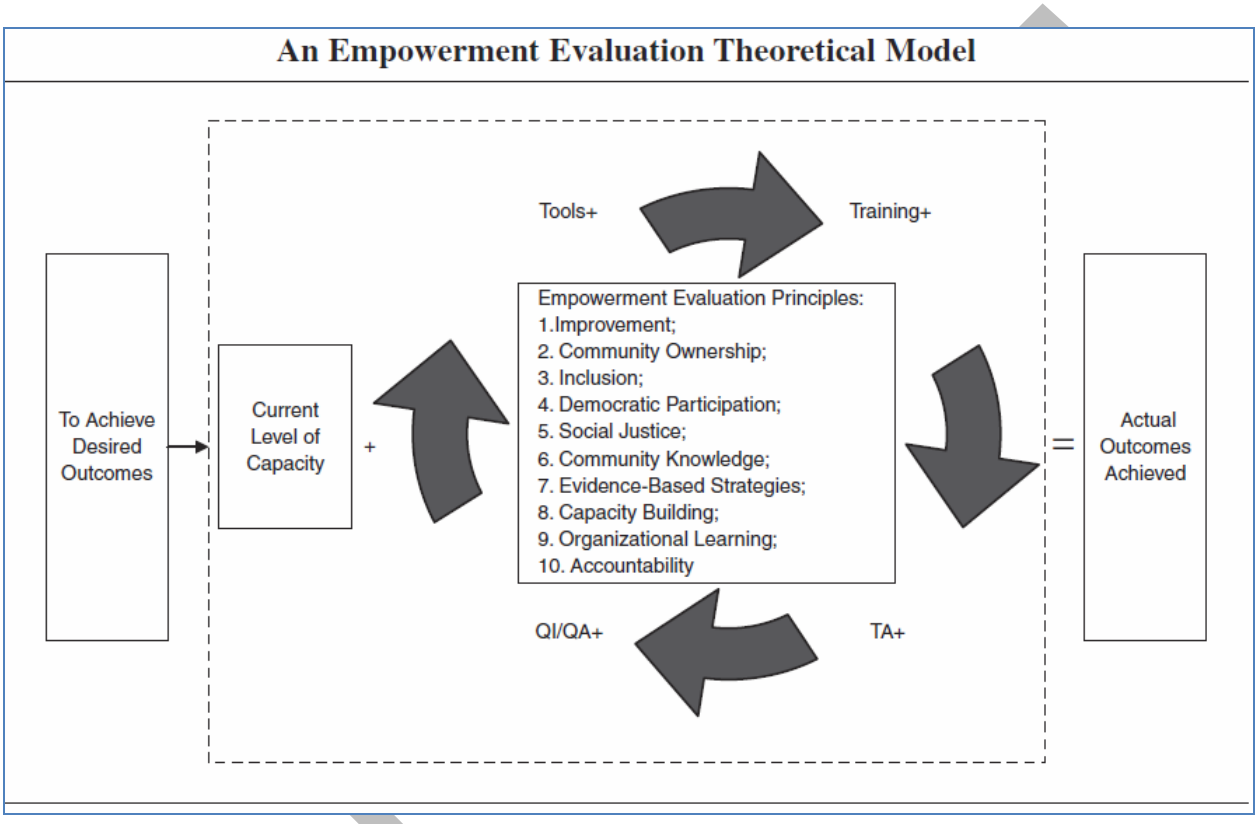
In fending off its critics, the Fetterman and Wandersman article contains extensive clarifications of what empowerment evaluation was and what it is now. It also has numerous rebuttals of critical criticism; basically arguing that evaluators can be just as critical and just as focused on outcomes as other evaluation methods.

In the more classic stakeholder models this empowerment evaluation is close to what on the Halton Ladder of Participation, shown previously, would be "Stakeholder control -- stakeholders take over the power of decision making." The figure below from Fetterman and Wandersman shows the emphasis on a different kind of processes than we have seen before in public agency or business models of stakeholder involvement, e.g. community ownership and social justice. The model is not that specific in how successful events transpire and appears weak on process.

[63] Fetterman, D. & Wandersman, A. (2007, June), *Empowerment Evaluation: Yesterday, Today, and Tomorrow*, *American Journal of Evaluation*, Vol. 28 No. 2, pp.179-198. See retrieved on 7-8-11, fromhttp://homepage.mac.com/profdavidf/documents/EEyesterday.pdf

The figure is almost a theoretical representation of good goals to have rather than processes and tools for accomplishing those good goals.

Figure 7: Fetterman and Wandersman's Empowerment Model.



In 2010, Springett published an analysis of why and how participatory concepts improve public health planning.[64] Her work is exemplified by public health projects mainly in Latin America. She appears very knowledgeable about public health projects put on by non-governmental organizations (NGOs) international health agencies. This article is a political and pragmatic critique of how classic public health educational programs need to change. This is not a

[64] Springett, J. (2010), I*ntegrating values Research and Knowledge Development Through the Use of Participatory Evaluation in Community Based Health Promotion*, Estudios sobre las Culturas Contemporaneas, vol. XVI, Núm. 31, pp. 277-297, Universidad de Colima, Mexico. Retrieved on 7-9-2011 from http://redalyc.uaemex.mx/redalyc/pdf/316/31613952011.pdf

handbook. It does not have good graphics. Rather it is thoughtful argument that evaluation is "as much an issue of ethics and morals as technique."[65] Summarized too succinctly, she is saying that it is not the message you should focus on, it is the person you are targeting. Her eloquent arguments appear to stem from an empowerment perspective. While she doesn't directly say this she does write "For participatory evaluation with an empowerment objective the aim is to help participants conduct their own evaluation with "liberation" seen as necessary side effect. This empowerment dimension resonates with contemporary aspirations of health promotion."[66]

If you take Springett's point of view and translate it to Colorado, her message is that planning for managed care expansions is as much about values and ethics as it is technique. What you need to do is pay attention to the persons whose care is being managed rather than pay attention to the methods of management.

Theory Based Evaluation

In 2010, Hansen and Vedung published their article titled "theory-based stakeholder evaluation.[67] Like the other articles included in this review of how evaluation research works with stakeholders, Hansen and Vedung have an extensive literature review of both research and theory. For example, they trace theory-based evaluation back to 1975. Summarizing their literature review they say 'In all the literature we have consulted, the program theory approach is grounded in stakeholder involvement. And in the main, the various stakeholder program theories are not kept apart. Instead, program theory evaluators attempt to fuse all stakeholder conceptions into one unitary program theory behind which all stakeholders may rally."[68] They further say "Whose theory is constructed in this approach? In our interpretation, it is the theory of the

[65] Ibid. p. 293
[66] Ibid p. 289
[67] Hansen, M. & Vedung, E. (2010), *Theory-Based Stakeholder Evaluation American*, Journal of Evaluation, 31(3) 295-313. See retrieved on 7-8-11, from http://www.finnishevaluationsociety.net/tiedoston_katsominen.php?dok_id=311
[68] Ibid p. 297

evaluator but negotiated with and agreed upon by the involved stakeholders. Our primary problem with this approach is that in a number of evaluation contexts, including our example in the next section, such an agreement may be hard to accomplish and therefore perhaps not warranted." [69]

Translated to Colorado, what this means is that you may encounter groups of stakeholders with really different views and it may not be possible to reconcile them to a common viewpoint. Hansen and Vedung suggest analyzing points-of-view on three dimensions: First, there are theories based on how facts are organized; which facts are emphasized and how they are related to one another. Second, there are theories based on causal concepts; this is happening because of that. Third, there are theories based on concepts of what should be; we should do this. Hansen and Vedung recommend that you can use three dimensions to understand how stakeholders' views differ from one another.

In 2009, Preskill and Jones wrote "A Practical Guide for Engaging Stakeholders in Developing Evaluation Questions." [70] This is a Guide written for evaluations generally but exemplified with vignettes from evaluations commissioned by philanthropic foundations such as the Robert Wood Johnson Foundation that sponsored the Guide. The Guide does not discuss collaborative or participatory or empowerment evaluations. The Guide has a collaborative tone as defined above where the purpose of the contact is to obtain information and stakeholders are not envisioned as partners.

The purpose of the Guide is help evaluators work with stakeholders to get their input on what should be evaluated. This purpose narrows the focus of the Guide to what in other stakeholder manuals, such as "From Words to Action" is the opening phase of the process. Preskill and

[69] Ibid. pp. 297-298
[70] Preskill, H. & Jones, N. (2009), *A Practical Guide for Engaging Stakeholders in Developing Evaluation Questions*, Robert Wood Johnson Foundation Evaluation Series, Princeton, NJ. See retrieved on 7-8-11, from http://www.rwjf.org/files/research/49951.stakeholders.final.1.pdf

Jones' Guide is an intensive look at the identification of who a stakeholder is, how to select stakeholders to work with, and how to work with them. It generally does appear to focus on a continuing process that goes through stages and needs to have outcomes communicated back to stakeholders.

The Guide is good. It is 46 pages long and has a clean look to it. A reader can mentally substitute the program they are working on for the Guide's references to evaluation and can get good ideas about working with stakeholders. The heart of Guide is the five-step process shown below.

- Step 1: Prepare for stakeholder engagement;
- Step 2: Identify potential stakeholders;
- Step 3: Prioritize the list of stakeholders;
- Step 4: Consider potential stakeholders' motivations for participating; and
- Step 5: Select a stakeholder engagement strategy.

Summary Comments on the Evaluation Practices Literature

The most fundamental difference in the evaluation practices approaches are around the degree of influence that stakeholders should have: collaboration or providing input, participation or co-decision making, and empowerment or being in control. Evaluation practitioners using these methods all assert that there is a body of research and theory that argues each of them works. A take away for work in Colorado is that you have to be very clear up front exactly what degree of influence stakeholders have in the process. The degree of influence of stakeholders may also vary depending on what issue is being discussed so the degree of influence is not some immutable fact set in the beginning of the work especially as new issues arise. Nor should you expect or assume that everyone can come to agreement, but it is important to understand why stakeholders have different view. The Preskill and Jones "Practical Guide" does in fact seem to be a practical guide and worth reading as part of preparation activities for working with stakeholders.

Summary Comments

This review of the stakeholder literature has identified significant useful resources. The most distributable and relevant one is the June 2010 Massachusetts Consumer Involvement Toolkit.[71] It has a combination of features that make it suitable for distributions to persons involved in stakeholder planning for a state program. It is:

- An excellent discussion of stakeholder issues and procedures;
- Of a moderate length, 63 pages;
- designed by state agencies for use by state agencies;
- Written in a way that is mindful of persons with disabilities, and
- Well designed with clean graphics.

Another five works were identified and are worth reading. These contain substantive discussions of stakeholder involvement including tools and procedures for working in stakeholder situations:

- 1999 National Health Law Project's, *Recommendations for Making the Consumers' Voice Heard in Medicaid Managed Care.* Retrievable from, www.probono.net/healthlaw/library/attachment.67843 ;
- 2005 Halton Borough, *Stakeholder Involvement Toolkit*. Retrievable from, http://www.halton.gov.uk/sit/section1haltonversionoftoolkit.pdf ;
- 2005, AccountAbility, the United Nations Environment Programme, and Stakeholder Research Associates' *From Words to Action: The Stakeholder Engagement Manual*. Retrievable from, http://www.accountability.org/images/content/2/0/208.pdf ;
- 2009, Preskill and Jones, *A Practical Guide for Engaging Stakeholders in Developing Evaluation Questions*. Retrievable from http://www.rwjf.org/files/research/49951.stakeholders.final.1.pdf , and
- 2010 the Center for Health Care Strategies (CHCS) technical assistance brief. Retrievable from, http://www.chcs.org/usr_doc/TCDE_StakeholderBrief_122010.pdf.

[71] Retrievable from, http://www.mass.gov/Eeohhs2/docs/eohhs/olmstead/stg/consumer_involvement_toolkit.pdf

These latter five works range from a short six-page brief to a two-volume study with several hundred pages. If you read any three of four of these works it would provide a solid grounding in how to maximize the value of working with stakeholders and how to maximize the value for stakeholders working with you.

Appendix A: Individual State Demonstrations to Integrate Care for Dual Eligibles Initiatives for Stakeholder Engagement

PCG reviewed the State Demonstrations initiative proposals and abstracted state comments about their stakeholder involvement plans.

California

The California Department of Health Care Services (DHCS) will continue its stakeholder engagements through the Technical Advisory Panel comprised of provider groups, advocacy organizations, and health plans. The panel convened in October 2010 and planned to begin a series of meetings in May 2011 via teleconference or in-person. Public meetings will be held in 4 pilot counties with focus groups of beneficiaries.

Connecticut

Connecticut Medicaid Care Management Oversight Council (est. by legislation CGS-17b-28) was involved in the preparation of this proposal. The Council plans to create a subcommittee structure using dual eligibles, providers, advocates, and State agencies to oversee preparation and roll-out of the demonstration application. Connecticut will leverage its strong stakeholder involvement history which includes a Mercer review of HCBS waiver, design of State's Multi-payer Advance Primary Care Demonstration (MAPCP) proposal, and participation in the Money Follows the Person (MFP) demonstration. The State has received letters supporting this proposal from over 33 advocates directly representing dual eligibles. All letters are available on the State website as a commitment to transparency.

Massachusetts

MassHealth has been working for nearly 2 years on integrated care. It seeks to expand its stakeholder engagement to potential bidders, providers, academics, advocacy groups, and MassHealth contracted care plans. The main goals of this engagement are to address model design, reimbursement and risk and savings arrangements, and provider needs. MassHealth is also currently working with consumer advocacy groups and engagement of multiple State agencies. To further increase stakeholder input MassHealth released an RFI in February 2011 surrounding innovation for integrated care.

Michigan

Michigan will use the design period of the CMS contract to finalize a list of participants, maintain stakeholder outreach and conduct regional stakeholder meetings to account for geographic diversity within the State. The State will begin with initial stakeholder input from the Medicaid Medical Care Advisory Committee. Michigan also has contacted major healthcare systems but the State recognizes that other groups (potential delivery system partners, hospice personal care, PACE providers) need to be brought to the table.

Minnesota

The State will consult numerous stakeholders, which include: Disability Managed Care Stakeholders Group, SNP Leadership Collaborative, Board on Aging, and the Health Care Homes (HCH) Advisory group. The Minnesota Department of Human Services (DHS) will establish a Dual Demo Stakeholder Group comprised of the aforementioned groups and others to advise on this project. Minnesota has a long history of consumer and mental health advocate support surrounding integrated SNPs programs such as the Special Needs Basic Care (SNBC) and Minnesota Senior Health Options (MSHO).

North Carolina

The State will use Medicaid Program Representatives (MPRs) that are located regionally to work with both clients and Department staff on issues of eligibility and determination of benefits. AARP will conduct focus group studies of duals and their caregivers and the Community Care Program works with area aging groups to sponsor health education classes. Communication specialists will ensure stakeholder engagement. The state level leadership group will meet regularly and gauge needed policy changes.

New York

The Department along with the Office of Mental Health (OMH) and Office for People with Developmental Disabilities (OPWDD) will take the lead in obtaining stakeholder input. New York has identified key partners in demonstration design. Stakeholder input will help to identify current and projected capacity within the existing systems and identify areas for infrastructure support. The 25-member Medicaid Re-design Team will focus on reducing costs and improving quality for a number of groups including duals. The State will also hire a consultant to gather stakeholder input- interview tools, schedule meetings, organize forums and secure a meeting space.

Oklahoma

During the beginning stages of implementation, the State will identify internal governmental and external public stakeholders. The Oklahoma Health Care Authority (OHCA) will also seek out stakeholder partners for this engagement via invitation will form large workgroups and smaller subgroups tasked with specific concerns. All workgroups for this project agree to meet monthly under the direction of OHCA. State will use the web to distribute meeting minutes, action plans, and questions.

Oregon

The Health System Transformation Team will provide feedback for governor's proposed demonstration project. The team's 38 members will meet weekly to discuss implementation, budget concerns, legislation issues, and frameworks for future RFPs and over a 3 month period.

South Carolina

South Carolina will build on existing workgroups to establish an Integrated Care Workgroup to guide development of the demonstration. The workgroup will explore issues raised by the pre-existing LTC council, recruit members of this council to join the workgroup, and will base many of its practices on the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC).

Tennessee

Building off the stakeholder engagement success of the CHOICES and TennCare programs, Tennessee will informally and formally gain feedback from stakeholders on a regular basis. Within 1 month after award notification, stakeholder input will be solicited. Within 3 months, the State will develop a plan to engage internal and external stakeholders on how to incorporate their feedback on an ongoing basis.

Vermont

Vermont has existing venues to engage stakeholders from previous grants (Center for Health Care Strategies Transforming Care for Dual Eligible Project and CMS: MyCare grants). The State continues to hold regular advisory board meetings that include providers, consumers, and advocates in the planning process and build on existing stakeholder sources.

Washington

The State will participate in or lead ongoing stakeholder meetings and will avoid duplicative efforts of past stakeholder engagements. Washington also recognizes the need for targeted focus groups that reach out to beneficiaries, health plans, providers and HCBS. The State also plans to have one-on-one discussions with health plans and other entities engaged in successful pilots for care and financial integration for duals. Washington may expand these models or at the least determine where they fit into the implementation phase.

Wisconsin

The Department wishes to create a subcommittee of the LTC Council to provide ad-hoc advice on proposed demonstration project. From February to December 2011, the Department of Health Services (DHS) will develop a communication strategy to reach stakeholders and use focus groups to solicit feedback.

Summary Contents

From these state activities we see that stakeholder engagement is nothing new to many states. Long established advocacy groups and stakeholders from other initiatives in long term care and aging have already been either contacted or identified by state governments. The most comprehensive approach to stakeholder engagement is the development of workgroups as well as a method to engage community members at large, whether through public forums or the chance for commentary online, through hotlines and other channels of open communication. Going forward, the challenge for many states will be to target the identified stakeholders for the Demonstration project and engage them on specific issues and concerns that are not duplicative of past efforts. Therefore it is helpful to develop targeted questions and topics, locate all useful resources and document all previously determined recommendations to present to the stakeholder group. It is important to establish a timeline for creating a stakeholder workgroup or advisory committee and have stakeholders commit to a predetermined frequency of meetings. Through these approaches, stakeholder engagement will be effective and well organized.