

HEALTH MANAGEMENT ASSOCIATES

The State and Stakeholders

A Working Relationship to Develop a More Effective
HCBS Waiver for Adults with Intellectual and
Developmental Disabilities

September 3, 2015

Background and Context

- Why a stakeholder process was undertaken
 - Generally
 - Department commitment to stakeholder engagement
 - Specifically
 - History of waiver redesign efforts
 - Executive order
 - Community Living Advisory Group

Waiver Redesign: Why?

- Community Living Advisory Group identified that current waivers do not meet individuals' needs because they are inflexible and outdated
- HB 15-1318: Establish Redesigned Waiver for Adults with I/DD

Waiver Redesign: What?

- Redesigned waiver based upon the following principles:
 - Freedom of choice over living arrangements, social, community, and recreational opportunities
 - Individual authority over supports and services
 - Support to organize resources in ways that are meaningful to the individual receiving services
 - Health and safety assurances
 - Opportunity for community contribution
 - Responsible use of public dollars

Waiver Redesign: Process

- Broad-based stakeholder group
- Monthly meetings for last two years to provide recommendations for redesigned waiver
- Summary and Recommendation Report
- 10 statewide meetings to gather community input
- Report addendum and Department response

Top Challenges: (we knew we had from the start)

1. Historical mistrust and fear of cost-cutting motives
2. Resistance to and fear of change
3. Getting people to engage, including caregivers, who are often too busy to participate
4. Providing enough info about the system so stakeholders can contribute
5. Turf wars
6. Fear of speaking out safely and fear of retaliation
7. The state is an easy target

Top Tools: (what we think made it work)

1. Be transparent
2. Model calmness in the face of fear
3. Identify message partners/champions
4. Be inclusive – invite everyone
5. Go to them
6. Have a process and stick to it
7. Have meetings in a neutral space
8. Be honest about limitations
9. Build relationships
10. Don't take it personally

Top Changes: (what we would have done differently)

1. Even more planning
2. More outreach to families
3. More 1:1 meetings as needed
4. Targeted meetings

Stakeholder engagement works best when...

- Guiding principles are established early
- You do an assessment of what is working and not working in the system early and focus on these areas

Even *More Ideal* Stakeholder Engagement

- Having bigger picture conversations
- Engaging stakeholders over a long period of time, to build capacity, knowledge, and relationships
- Engaging stakeholders who are typically not engaged

How do these challenges and solutions apply in other situations?

It is important to:

- Know what your challenges are from the beginning, and plan for these
- Know what your hoped-for outcomes are
- Know where you have flexibility and where you don't
- Learn what your stakeholders' hoped-for outcomes are
- Use all of the tools you have to engage successfully

Discussion

What are your most challenging stakeholder issues?

Discussion

What would an ideal outcome to this challenge look like (for the people being served, your department, the state, your organization, others)?

Discussion

History

Where do you think this challenge came from? What are the historical factors behind it? Who are the key stakeholders who are most unhappy with the situation?

What is it that stakeholders are most afraid of, most want, or most want to be heard about?

Discussion

Opportunities

Where are there opportunities for meeting some of the needs, alleviating fears, or hearing each other's opinions and constraints?

Where are there NOT opportunities because of legislation, rules, fiscal constraints, or other constraints?

Discussion

Solutions

Based on all of this, what are some process solutions?

What are some content solutions?



Marci Eads
Managing Principal
Health Management Associates
meads@healthmanagement.com



Tyler Deines
Projects Manager
Community Living Office
Colorado Department of Health Care
Policy & Financing
tyler.deines@state.co.us