

## Philosophical Foundation for Stakeholder and Consumer Involvement

### Values Premises

1. *Organizational partners agree to the following values and principles as core to creating meaningful involvement for all participants.*

**P** Participation of all individuals will be valued and respected.

**P** Sincere efforts will be made to involve those with a stake in the outcomes.

**P** The uniqueness and diversity of each participant is acknowledged and valued. Special needs will be accommodated.

**P** Participants have choices in the intensity and extent of their involvement.

**P** Relationships are valued as an important component of working together.

**P** All participants will have clear knowledge and understanding of the impact of their involvement, how decisions will be made, and how information and results of their involvement will be used and shared.

**P** Involvement will make a difference in the process and in the end result.

2. *Organizational partners will strive to assure that participation for all individuals is valued and respected. Examples include:*

**P** Participant expectations are clearly defined and open to modification: i.e. roles and responsibilities, commitments, organizational or population representative, etc.

**P** An intentional problem solving process is implemented to assure all voices and viewpoints are solicited and considered in decision making processes.

**P** A participant recruitment and application process is developed and used.

**P** Work loads are shared amongst participants.

**P** All participants have input regarding meeting times and locations.

**P** All participants have access to appropriate and ongoing orientation, training, and education relevant to the purpose of participation.

**P** Each group shall identify areas of implied versus actual power.

### Thoughts for Enhancing Participation

Good faith efforts to bridge differences in viewpoints can greatly maximize participant involvement. Consider using the following questions for building consensus and enhancing participation.

**P** What is each participant's perspective pertaining to the topic?

**P** What underlying fears do participants bring to the table?

**P** What are the challenges?

**P** What levels of accountability are expected and perceived from each participant?

**P** What are the commonalities shared by all? What are the unifying factors? The Mission?

## Ongoing Consumer and Stakeholder Involvement Key Considerations

- 1) *Involving consumers in a meaningful way is hard, complex work.*
- 2) *Consumers are to be involved in meaningful ways at all levels of the CMO/ADRC work*
  - a. Implement open and transparent recruitment and selection process.
  - b. Offer initial and ongoing public information, training and education – focus on both internal board and external community.
  - c. Develop strategies for retaining consumer involvement.
  - d. Assure that consumers have meaningful responsibilities and are equal participants.
- 3) *Two (2) functional and separate governing boards (CMO and the ADRC) will be created. This increases the complexity of the work.*
  - a. CMO Governing Board shall meet the following specifications (Health and Community Supports Contract Model, pp. 1-2):
    - i. Diversity – “the board shall reflect the ethnic and economic diversity of the CMO service area.”
    - ii. Consumer Representation: “at least one-fourth of the members of the board shall be older persons or persons with physical or developmental disabilities or their family members, guardians, or other advocates who are representative of the CMO’s members.
    - iii. “The CMO will assure the CMO’s separation from the eligibility determination and enrollment counseling functions. The separation shall meet criteria established by DHFS in accordance with s.46.285 Stats., and applicable Federal guidelines.
  - b. ADRC Governing Board shall “reflect the ethnic and economic diversity of the geographic area served by the ADRC. A minimum of one-fourth of the members of the governing board shall be older persons or persons with physical or developmental disabilities or their family members, guardians or other advocates. No member of the governing board may have any direct or indirect financial interest in a managed care organization. (Racine/Kenosha RFP)
- 4) *The state contract mandates additional consumer and stakeholder involvement in the CMO:*
  - a. CMO’s will have a relationship with Local Long-Term Care Councils (s.46.2892 (3) Stats.). The CMO shall cooperate with and provide assistance to the LLTCC to successfully complete the following LLTCC duties at minimum: (Health and Community Supports Contract Model, pp. 2-3)
    - i. The CMO shall provide the LLTCC information;
    - ii. The CMO shall receive and give consideration to LLTCC recommendations on specifically identified criteria;
  - b. CMO’s are to implement practices for ongoing member input (pp. 79-80)
    - i. The language and practices of the CMO shall recognize each member as an individual and emphasize each member’s capabilities
    - ii. The CMO shall create a means for members to continually participate in CMO quality improvement; and
    - iii. The CMO shall seek formal member input at least annually on specific criteria.

- 5) *Practice regular and ongoing evaluation of all committee and governance processes to determine effectiveness in integrating consumer involvement.*
  
- 6) *There will be state and contractual guidelines for involving stakeholders and consumers in the CMO and ADRC structures. Within the guidelines there are opportunities for each entity to maximize the integration of theory and practice to assure the highest quality of services through consumer and stakeholder involvement at all levels.*

## **Bibliography**

Family Care ADRC – <http://dhfs.wisconsin.gov/LTCare/Generalinfo/RCs.htm>

ADRC in Racine County RGA FHGG005 – <http://dhfs.wisconsin.gov/LTCare/pdf/adrcappracine.pdf>

Managed Care Organization for the delivery of Managed Long-Term Care in Selected Service Areas RFP #1568-DDES-SM --- <http://dhfs.wisconsin.gov/ManagedLTC/rfpmco/pdf/10585-rfp.pdf>; pg. 15.

Health and Community Supports Contract between Department of Health and Family Services Division of Disability and Elder Services and Generic County,  
<http://dhfs.wisconsin.gov/LTCare/StateFedReqs/CY06CMOContract.pdf> ; pp. 1-2; 79-80.

Wisconsin Council on Long Term Care Reform – Committee on State and Local Stakeholder Participation:  
<Http://www.wcltc.state.wi.us/stakeholders.htm>