

### Table of Contents

#### [Purpose of the Job Aid](#)

#### [Familiarize Yourself with the Member](#)

#### [Member Engagement Strategies](#)

- Introduction and Rapport Building
- Explaining Care Coordination Benefits

#### Assessment Options

- [In-Home Face-to-Face Assessment](#)
- [Virtual \(Video\) Assessment](#)
- [Telephonic Assessment](#)
- [If Member Refuses All Assessments](#)

#### [Motivational Interviewing Techniques \(OARS\)](#)

- Open-ended Questions
- Affirmation
- Reflections
- Summaries

#### [Scheduling Assessment](#)

#### [Meeting Resistance](#)

- Addressing Common Barriers
- Collaboration with Waiver Case Managers

#### [RULE of Motivational Interviewing](#)


- Resisting the Righting Reflex
- Understanding Motivation to Change
- Listening with Empathy
- Empowering the Member

#### [Tips for a Successful Visit](#)

**Purpose:** Provide strategies, talking points, examples, and tips for engaging new members, resistant members, and members on a waiver by incorporating Motivational Interviewing skills.


### Familiarize Yourself with the Member

- **Send a Welcome Letter:** Include your business card and contact information. This helps the members recognize your name and understand the Care Coordination services you offer.
- **Review Previous Assessments and Care Plans:** If available, examine documents such as MCHOICES, PCA/CFSS supplemental assessments, HRA-MCO, and Transitional HRA.
- **Check Bridgeview:** Investigate the member's previous assessment history, primary care provider (PCP), and additional contact information for their guardian or responsible party.
- **Schedule Your Contact Thoughtfully:** If the member declines a face-to-face meeting, allow enough time to complete an assessment over the phone if applicable. All necessary forms and resources are ready to facilitate a smooth transition to a telephonic assessment.

	4 Foundational Processes of Motivational Interviewing
	<p><b>Engaging:</b> Building rapport and alliance with members.</p> <p><b>Focusing:</b> Guiding, collaborating on shared ideas to improve their health.</p> <p><b>Evoking:</b> Bringing out their reasons for change and helping them see this.</p> <p><b>Planning:</b> Developing a commitment and a change plan.</p>

### Member Engagement

- Introduce yourself as the member's BCBS Care Coordinator and allow time for the member to share. This call may not be quick. Building rapport is a skill that can take time, especially with members who may be skeptical, nervous, or apprehensive.
- Explain the purpose of your call and seek the members' permission to talk.
  - "Hello, John, my name is XXX. I work with BCBS as a Care Coordinator. You may have seen a letter explaining that I would be reaching out. Is this a good time to speak? (pause) My call is to share some information about your BCBS benefits and discuss ways care coordination can help you [maximize your benefits/improve your health/connect with resources you are seeking]."
- Be prepared to share how care coordination can be helpful. This information will empower the member and help them understand the value of your service:
  - Help review your health care needs.
  - Connect with a Primary Care Provider if you do not have one.
  - Finding a specialist.
  - Identifying gaps in preventative care.
  - Answering questions regarding your health care, health plan, and benefits.
  - Incentives for preventive care.
  - Supplemental benefits.
  - Help through hospitalizations and reduce ER visits.
  - Set up services and/or equipment to keep you safe in your home, if needed. For example: MOW, SNV, Chore Services, etc.
  - No fee for care coordination.
  - Helps maintain your independence longer.
  - Help you maintain your MA eligibility.

	Scheduling the Assessment
	<p>Avoid using jargon words/terms, leading questions, and pushing your agenda. Meeting the members where they are and allowing them to make choices in the decisions can help the members feel in control.</p>
	<p><b>Avoid:</b> “I am calling to schedule your initial assessment (jargon/own agenda). If you are not interested in care coordination, it’s ok to decline (leading).”</p>
	<p><b>Avoid:</b> “I know you already have a CADI Case Manager, so if you are not interested, that’s ok (leading/own agenda).”</p>
	<p><b>Avoid:</b> “Are you interested in having care coordination? (jargon/own agenda)”</p> <p><b>Try this instead:</b> “It sounds like there are some things that you’d like more information on. I could meet you in person at your home or a location nearby to gather more information and share details about your Blue Plus benefits. Does that sound good? (pause) How does next Tuesday or Wednesday work in your schedule?”</p>

#### Asking for an in-home face-to-face visit

- Ask for, and encourage, a face-to-face assessment.
  - “The assessment is for your benefit as you may qualify for services that help you and/or your caregivers to ensure you remain in your home/current living arrangement safely and as independently as possible.”
  - “The assessment helps establish a baseline, allowing us to observe any changes over time.”
- Provide a brief explanation and purpose of the HRA and support plan:
  - The HRA assessment identifies current and future health and safety risks. The goal is to be proactive in supporting the members’ needs.
  - The member-driven support plan summarizes support, strengths, assessed needs, risks, goals, and interventions. It’s designed to reflect the members’ choices and preferences, putting them at the center of their care.

#### Offer a Virtual (Video) Assessment as applicable | only if the member has refused a face-to-face

##### Respect for Their Time and Schedule

- “I want to make this process as easy and flexible for you as possible.”
  - Emphasizes convenience and efficiency.
  - Shows you are being considerate of their time.

##### Comfort and Privacy

- “Some members might prefer video for the first time because they feel more relaxed in their own space. It can help the conversation flow more naturally.”
  - Reduces pressure or anxiety.
  - Appeals to introverts or those who feel self-conscious in person.

- Explain the purpose and benefits of the virtual assessment, like the in-home visit.
  - “The virtual assessment helps us identify any current or future health and safety needs you may have.”
  - “It also helps us create a support plan that reflects your goals, preferences, and supports your ability to live safely and independently at home.”
- Reassure the member about privacy and ease of use:
  - “The video visit is secure and private. You can join from your phone, tablet, or computer—whatever is easiest.”
- Offer to schedule at a convenient time:
  - “If now isn’t a good time, we can schedule the virtual visit for a time that works better for you.”
- Provide technical support if needed:
  - “If you’re unfamiliar with video calls, we can help you set up or test the connection beforehand.”

#### Offering a Telephonic Assessment | as applicable

- If the member declines a face-to-face visit and video call, inform them that the assessment can be completed over the phone, though it is a shortened version. (Telephonic HRAs cannot be used to determine EW eligibility or PCA/CFSS services; a complete assessment is required.)
- If the member agrees but does not have time during the initial call, reassure them that the assessment can be scheduled at a more convenient time. Still, it must be completed before the end of the current assessment or within 30/60 days of enrollment.
- If needs are identified during the telephonic assessment, inform the member that a face-to-face assessment will need to be completed if they want to access Elderly Waiver/ or CFSS.

#### If the Member Refuses Both Face-to-Face and Telephonic Assessments

- Follow-Up:
  - Inform the members that you will give them time to think about what was discussed and review the documents sent by Blue Cross.
  - Offer to call back in about a week to see if they have any questions.
    - “I am here to help you. Is this a good time? If not, when would be a good time to call you back?”
    - “I am in your area, could I just stop by, and we could talk?”
  - When calling back, offer a face-to-face assessment again. If they decline, offer a telephonic assessment.
  - If a member who has previously refused an assessment calls you for any reason, or during TOC activities following a hospital stay, asks to complete an assessment.

#### Use additional Motivational Interviewing techniques to engage your member | OARS

##### Open-ended Questions:

- How? Tell me more to elicit responses.
  - “Do you have any questions about your new BCBS insurance?”
  - “Who are the important people in your life?”
  - “What is your biggest concern about your health?”
  - “Why is this important to you right now? (Reveals motivation and/or change talk)”
  - “Can you tell me more about that?” (To get more information without asking why)

##### Affirmations:

- Acknowledge current efforts and actions taken; praise them.
- Affirm strengths and willingness to change.
- Encourage this change and let them know you can help when needed.
- Thank the members for taking an active role in their health.

### Reflections:

- Reflecting helps to clarify what you are hearing and what they are saying.
- Requires active listening. Reflections can be empathetic and simple. Reflections can also generate “Change Talk.”
  - Member says: “I don’t know how to improve my diabetes; I have tried everything.”
    - Simple reflection: “You do not know what to do.”
    - Empathetic reflection: “That sounds hard.”
    - Exaggerated reflection: “This sounds like you are just done and feel you may not be able to do this.”

### Summaries:

- Listen for change talk or reasons to change. This may be a good time to gauge the member’s willingness to coordinate care.
  - “What I am hearing you say is that you are ready to make changes in your health because you are always exhausted.”
  - “So, it sounds like being alive for your grandchildren is very important to you AND you want the energy to do this.”

### Meeting Resistance

Members may appear resistant during conversations. Be confident in your role and understand the value you can bring to the members by offering support, resources, education on the health plan benefits, and navigating complex healthcare systems. Avoid feeling defeated or discouraged if a member declines your invitation. Instead, confidently assure the members that you will remain available to answer questions or address their needs throughout the year.

#### Identify the member’s barriers, fears, and concerns when resistance is present.

- **Independence:** For many members, especially older adults or those managing chronic conditions, independence is deeply tied to dignity, control, and self-worth. Let members know that you are there to help make things easier; they will stay in charge of their choices.
- **Illness:** Illness can make things feel harder for members; let them know you are there to make things easier. Discuss with members how CC can assist with illness (e.g., transitions of care, disease prevention education, and setting up necessary services).
- **Privacy:** Meeting places do not have to be in the members’ homes. Alternatives include the local library and a nearby coffee shop/restaurant. Reassure the member about confidentiality and when (under what situations) information is shared.
  - IE: Communicating with the PCP and other involved ICT members to coordinate and provide healthcare services to the members.
- **Culture:** Inquire about cultural norms and practices in advance. Provide accommodations, interpreters, and support services for both males and females to respect cultural differences when applicable.
- **I don’t need anything | I don’t have time:**
  - “I’m happy you are well supported. My hope in meeting with you is to share more information about your benefits, so you can maximize your healthcare and potentially save a little money. By getting to know each other, if you need something, I’ll be ready to step in with the information you’ve already shared.”
  - “When would be a good time for me to contact you? What time works for you? We can gather some information over the phone, and I can stop by for a quick visit to meet you and leave some information for you to review.”

- **I already have a Case Manager:** When discussing a disability waiver (IE, CADI, DD, BI, CAC), consider contacting the waiver Case Manager to introduce yourself and schedule collaborative visits. Mutual collaborative visits will save members' and guardians' time and help identify the differences in roles and how each worker can assist with healthcare needs. Be prepared to educate members/guardians about the differences between care coordination and waiver case management.

## RULE of Motivational Interviewing

### Resisting the Righting Reflex and Rolling with Resistance

- **Example:** Member tells you they have blood sugars over 250, forgets to take medications, and is obese. They do not want to give up eating sweets at night, but they tell you they want to lower their A1C.
  - **Wrong way:** "It isn't good for you to eat sweets at night like this because it drives up your blood sugars, which is not good for your body. You really should be taking your medications as prescribed."
    - This activates a sense of defensiveness or resistance, which can erode trust and rapport. You have just lost rapport in "telling" the member what to do.
  - **Better options:**
    - "Why do you like to eat sweets in the evening?"
    - "What is getting in the way of taking your medications?"
    - "What are your thoughts about lowering your blood sugars?"
    - "Tell me why it might be important for you right now to make changes as you had indicated you were thinking about lowering your A1C."
    - May I share/mail information about [insert topic area: Health Coaching, MSHO Supplemental Benefits]?

### Understand and Explore the Motivation to Change


- It needs to be the member's reason for change.
- Explore why they might want to improve their health/change.
- Explore how they might take steps to improve health.
  - (Why change) What might be your most significant reason to want to improve your health or manage it?
  - (How to change) What steps could you take to start this change? What steps have you taken already?

### Listen with Empathy

- The answers often lie within the members.
- Use reflections | Summarize what you hear.
  - The members need to hear that you understand. This builds rapport.
- **Listening** examples with Reflections and Summary:
  - **Member:** "I need to lose weight and change my diet because I am afraid my diabetes is going to get worse" (Member seems down).
  - **Reflection:** "This is very important to you."
  - **Member:** "Yes, I used to be able to eat healthier, and I just got out of the habit, and it helped me lose weight before."
  - **Summary:** "You think that losing weight and changing your diet will help you gain better control, and you have done this before, so you know some steps you could take."

### Empower the member

- Offer choices that allow members to make their own decisions.
- Be careful not to give steps, advice, or fixes.
- Work with them on readiness to move forward.

	Tips for a Successful Visit
	<ul style="list-style-type: none"> <li>• Begin outreach at least a month in advance to allow time for cancellations or rescheduling due to poor weather or illness.</li> <li>• Confirm the member's address/meeting place when scheduling.               <ul style="list-style-type: none"> <li>• Are there specific parking/access to building details?</li> </ul> </li> <li>• Confirm if others will be needed, such as an interpreter, family/friends/roommate, group home staff, member representative, etc.</li> <li>• Provide a reminder call/text (no PHI) the day before the visit to confirm.</li> <li>• Prepare handouts to provide for the members.               <ul style="list-style-type: none"> <li>• Signature Page</li> <li>• Safe Medication Disposal</li> <li>• ROI (if applicable)</li> </ul> </li> <li>• To save time, prep assessment documents in advance (demographics, updated goals, etc.).               <ul style="list-style-type: none"> <li>• In case of internet connectivity issues, print copies of the assessment tools.</li> </ul> </li> </ul>