

Topic: Member Engagement and the Assessment and Care Planning Process

Plan Presentation: The Assessment and Care Planning Process

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- *How enrollees are initially contacted?*

Enrollees are initially contacted by the Unify Outreach team. Using the information provided by EOHHS and CMS and within a 2 week period, the outreach staff will make 3 discrete phone attempts in order to reach the member. These calls are conducted at various times of the day and days of the week, including leaving messages.

If after the 3rd phone attempt, they are unsuccessful in reaching the member, will send a letter to the member explaining their purpose in trying to reach the member, requesting they contact the plan. In addition, they refer the member to the Community Health Worker (CHW), who conducts a more aggressive search process for the “Hard to Reach” / HTR members.

HTR members are still considered active members and the care manager will follow the search process closely with the CHW until the member is found and their assessment is completed.

In parallel to the Outreach process described above, the marketing department uses a vendor service that also calls the member to welcome the member to the plan. In addition, they send off the Member Handbook and other welcome related materials to the member. The Marketing department tracks call completion rates.

- *Who conducts the in-person, comprehensive assessment?*

The assessment is conducted by a registered nurse or licensed behavioral health care manager and is conducted in person. Every effort is made to complete the assessment within the 90 day period of enrollment, dependent on the member’s preferences, availability, HTR status, etc.

Members often request their assessment be done by phone and if we can’t persuade them otherwise, we honor that request.

- *What tool is used to complete the in-person assessment (i.e. validated tool or home-grown based on required domains)?*

The comprehensive assessment tool was designed by the plan and incorporates all of the required elements as defined by state and federal requirements, as well as other data elements (e.g. quality

reporting metrics) to support the care planning process. A complementary document (MDS-HC) is also completed and submitted to EOHHS and CMS as part of the initial and reassessment process.

The assessment interview requires patience and is typically designed around motivational interviewing techniques along with respectful “probing” to elicit as much information as possible. During this time, it is important that the member feel that they are actively engaged in the process based on their level of interest. The pace of the interaction is based on how the member responds and engages in the process.

- *How members are made aware of the purpose of the comprehensive assessment and their rights and responsibilities regarding participation?*

Upon initial outreach, the member is informed about their need for an initial assessment, including its purpose, how the information is used and its value in supporting the care planning process. The care manager goes into much more detail about the assessment process, including how the information is used to develop a plan of care and the importance of member participation.

During this initial dialogue, it is reaffirmed with the member that their participation in the assessment process is key in determining the best individualized plan based on the member’s needs, preferences, and goals. Some members embrace this process, while others are not as interested. There is varying degrees of participation across the membership.

The care manager takes their cue from the member, however, provides the member with enough information so they can make an informed decision about how they want to engage and contribute to the process.

It is in this context, the member can better understand their right to participate and contribute to the process based on their preferences. This includes the right to privacy of information, participation in the process to identify and agree to the problems, goals and interventions that is identified as part of the process.

- *How is the assessment process evaluated to determine whether the enrollee understood and participated in the process?*

The pace of the assessment is member specific, depending on their engagement level and willingness to answer the questions. There are frequent pause points during the process to ensure that members understand and are still comfortable in proceeding. This iterative process may include a re-affirmation of information collected and a validation provided by the member in order to ensure there is a mutual understanding of what has been reported, including any needs as identified and expressed by the member.

Scripts are used to ensure potential for misunderstanding is minimized. “Did I understand you correctly”, “Would you agree with my interpretation”, “Is this an area you want to focus on”, “What would you like to see us work on together? Is there anything else I need to know about you or your needs”? “Do you feel that you have participated in this process? Let’s recap what we discussed and what you agree we should focus on”.

Discussion:

- How can the assessment process be enhanced to be a vehicle for member education and engagement?

Members must understand the benefit of collecting this information in the context of their own goals and desire for self-directed care.

When engaging the member, we have to collect the information without making the process feel like a medical “provider” driven approach, which can be perceived by the member as top down and controlling. Instead, the interaction with the member, including the data collection approach should be based on psycho-social and wellness model that allows the member to consider its application to their day to day activities of daily living needs and goals.

A “member’s guide” to the assessment and care planning process in the context of their own self care management, including health practices, personal safety, independence and empowerment would be helpful.

Care manager’s need to adapt their inquiry approach so that members do not feel overwhelmed, threatened, and or turned off by the process.

Care manager’s need to explain the process as member centric and not “a requirement”.

Member recruitment into the plan should include the value of the assessment and care planning process to the member’s health outcome and should re-enforce that the member has control over the process.

- How can enrollees be better informed about One Care and their rights and responsibilities within the program.

The information in the member handbook describing the One Care program should complement the plan website so that the information is consistent, user friendly and offer the member clarity of how the program can benefit them.

Both the member’s rights and responsibilities should be clearly defined and referenced in the context of assessment, care planning and ongoing care coordination. Members should understand how to translate benefits into their everyday healthcare decision making.

- Who should participate in the assessment process?

Anybody who the member feels can add value to the assessment process should be included, including family, advocates, and any significant other who the member trusts and looks to for guidance and advocacy. It would be ideal if the assessment process included the interdisciplinary team, including LTSC and providers of the member's choice when feasible.

- How can plans encourage members to take a more active role in the assessment process?

The better the member understands the assessment process and its application toward the care planning process, the greater the impact of the member outcomes. Member education at the time of enrollment and at the point of outreach is an opportunity to impact member interest and engagement in the upcoming assessment process. As stated above, the member should feel like they are **engaged** in the dialogue that allows the care manager to learn about the member from the member versus an inquisition approach.