

Advancing Best Practices to Expand Access to Self-Direction

August 29, 2023

UnitedHealthcare Community & State National Advisory Board



NAB Areas of Focus



Applied Self-Direction

We are a mission-driven organization with one goal: to advance self-direction.



We work with states and stakeholders to create new self-direction programs and optimize existing programs across the country.



Just as a mechanic helps make sure your car runs well, our team helps self-direction programs run smoothly and safely.



When something isn't working as intended, we help diagnose and fix operational challenges.



Today's Session

- Overview of the major themes and findings from an environmental scan of self-direction in UnitedHealthcare Community & State health plans
- In-depth examination of efforts to advance self-direction in Ohio
 - Advocate perspective, Jennifer Kucera
 - State perspective, Jesse Wyatt
 - Discussion on approach, lessons learned, and next steps



UnitedHealthcare Environmental Scan of Self-Direction



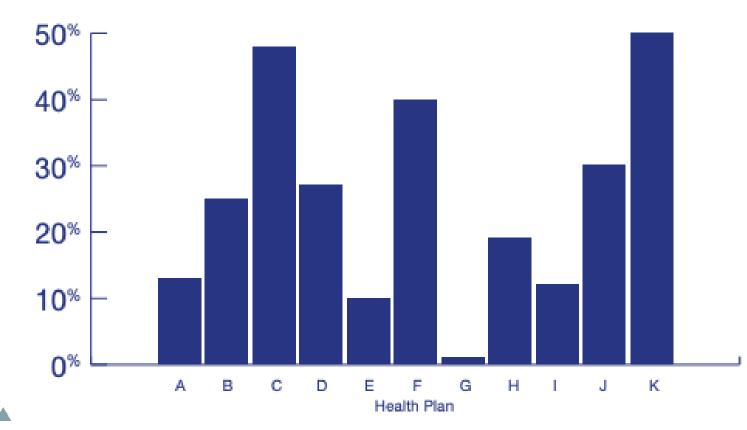
Approach

- In 2022, program administrators from UnitedHealthcare Community & State health plans across the country responded to an in-depth survey on self-direction, and select administrators participated in follow-up interviews
- Topics included:
 - Opportunities and challenges for self-direction
 - Supports for members who self-direct
 - Enrollment
 - Quality
 - Pandemic impact



Engagement

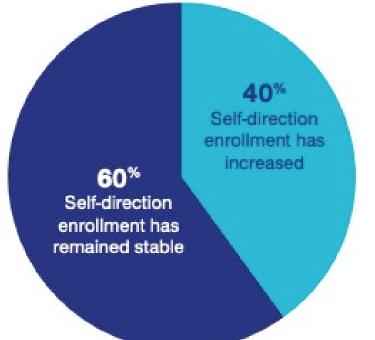
 According to the estimates reported by each plan, member engagement in self-direction varies widely with anywhere from 50% to 0.45% of the eligible LTSS population self-directing.



Percentage of Members Self-Directing by Health Plan

Enrollment

- The majority of UnitedHealthcare health plans (60%) reported that self-direction has remained stable while some health plans (40%) noted a recent increase in self-direction enrollment since the pandemic.
- No UnitedHealthcare health plans reported a recent decrease in selfdirection enrollment.





Benefits of Self-Direction

- Health plan leaders described numerous benefits of self-direction for members, including:
 - Flexible choice of direct care worker
 - Greater control and autonomy
 - Lower cost compared to traditional services
 - Ability to set the rate of pay
 - Improved coverage in rural settings
 - Avoiding institutionalization
 - Mitigate labor shortages



Challenges for Self-Direction

- Health plan leaders also identified numerous challenges and barriers to the expansion of self-direction, including:
 - Worker scarcity particularly for those members who do not already know someone they wish to hire
 - Complex requirements to get started
 - Competition with agency-based programs that in some cases offer higher pay, better benefits, and/or offer more options for backup care
 - Burdensome electronic visit verification (EVV) requirements



Best Practices (1/2)

- A commitment to the belief that any member can succeed in selfdirection with appropriate support, including involving authorized representatives or providing tools and resources to aid in recruiting workers.
- Robust, consistent training for all program administrators and case managers on the philosophy and operations of self-directed services.
- Consistently well-documented procedures to introduce the selfdirection option to all eligible members.
- Intentional efforts to improve and enhance information and assistance resources available to self-directing members



Best Practices (2/2)

- Cultivation of strong community partnerships both with Financial Management Services (FMS) entities and other community organizations that support program operations (e.g., self-advocates, advocacy groups, CILs, and AAAs).
- Where state policy permits, empowering members to oversee the training of their workers and providing training resources as an option, rather than a requirement.
- Proactive engagement with self-directing members regularly to solicit feedback on their individual experience as well as their overarching feedback on ways to improve the program.



Advocacy Opportunities (1/2)

- Examine enrollment processes and remove obstacles to accessing self-directed services.
- Increase wage ranges in self-direction to be more competitive with agency-based wages.
- Provide equitable access to health care benefits for workers in selfdirection and agency workers.
- Make any new flexibility during the pandemic permanent to allow family members to be paid caregivers.



Advocacy Opportunities (2/2)

- Provide standardized guidance on self-direction implementation, including a program manual and/or formal regulations.
- Expand the services that can be self-directed by amending the waiver application.
- Increase reimbursement rates for FMS providers to better reflect the size and scope of their responsibilities.
- Reduce or simplify requirements for EVV implementation within the requirements of federal law.



Advancing Lessons Learned in Ohio (1/2)

- As part of the Environmental Scan, we identified Ohio as a state with significant opportunities to strengthen self-direction
 - Strong advocate community pushing for self-direction
 - Supportive state and AAA leadership
 - Engaged FMS leadership
 - Low enrollment across eligible members



Advancing Lessons Learned in Ohio (2/2)

- UnitedHealthcare sponsored a Self-Direction Summit in Ohio in April 2023
 - The goal was to provide an opportunity for key stakeholders to come together to share their unique perspectives on how self-direction is going in Ohio and how to work together to address challenges
 - Stakeholder participants included advocates, Financial Management Services (FMS) providers, state staff, AAA staff, and representatives from all MCOs in the state
 - Applied Self-Direction facilitated the day-long meeting



Expanding Self-Direction in Ohio: Advocate Perspective



Expanding Self-Direction in Ohio: State Perspective



Expanding Self-Direction in Ohio: Discussion





Thank You!



www.appliedselfdirection.com