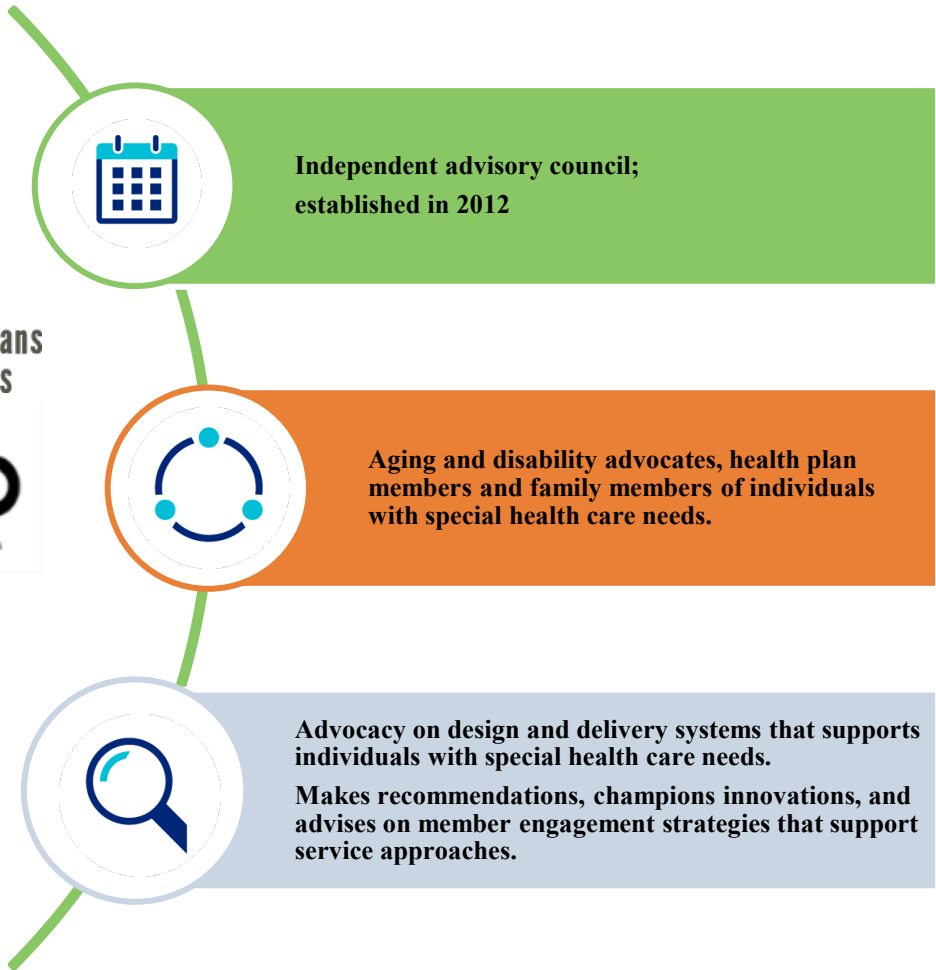




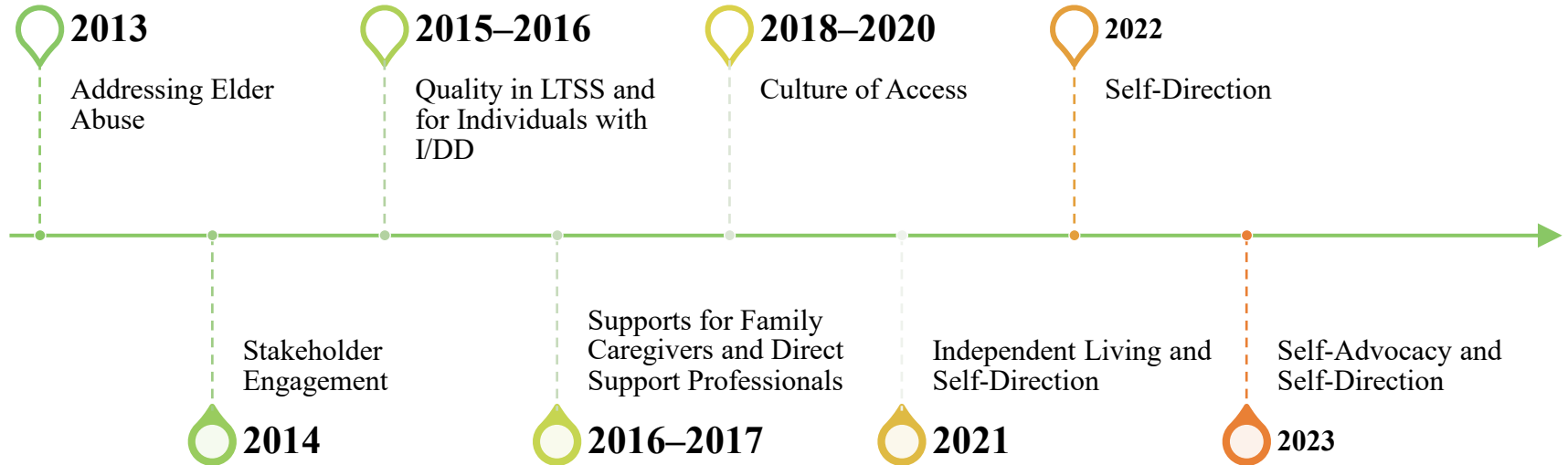
Advancing Best Practices to Expand Access to Self-Direction

United
Healthcare®

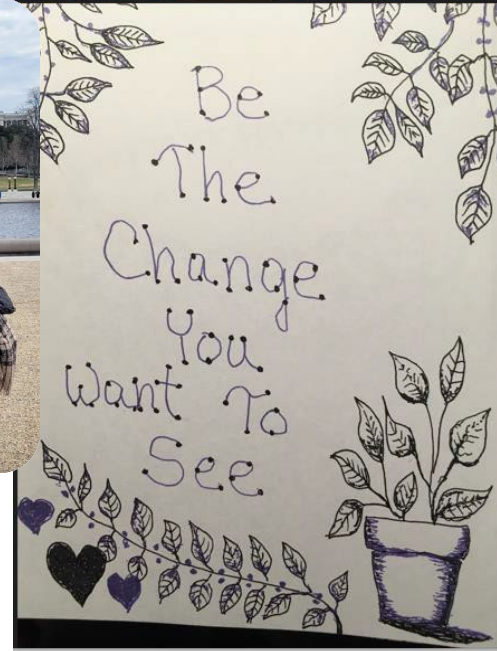
UnitedHealthcare Community & State National Advisory Board



NAB Areas of Focus



NAB Member Spotlight: Jennifer Kucera



Environmental Scan with UnitedHealthcare

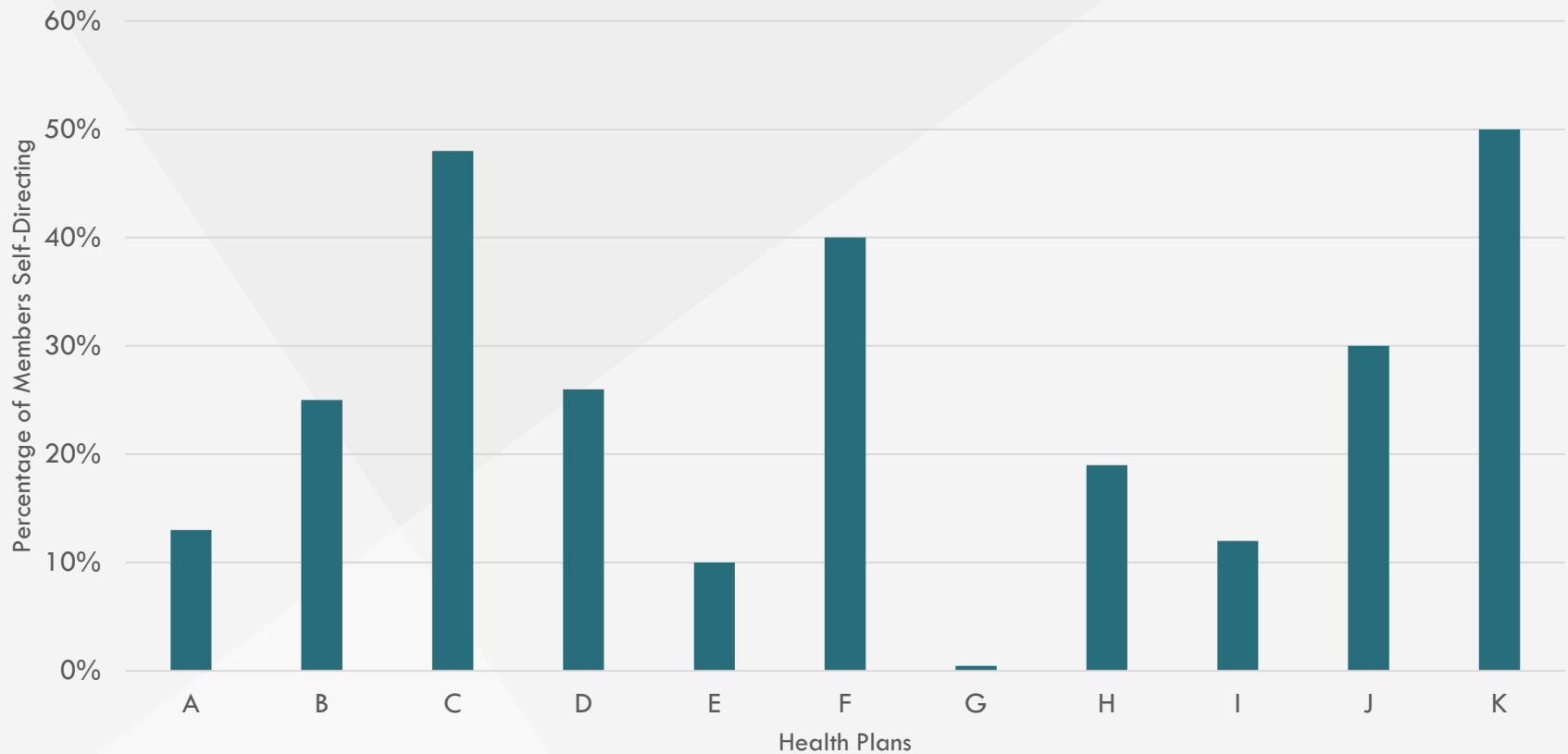
Our Approach

- Distributed survey to all UnitedHealthcare Community & State health plans across the country regarding self-direction, topics included:
 - ❑ Opportunities and challenges for self-direction
 - ❑ Supports for members who self-direct
 - ❑ Enrollment
 - ❑ Quality
 - ❑ Pandemic impact
- Conducted targeted follow-up interviews with select health plans to better understand trends, challenges, and opportunities

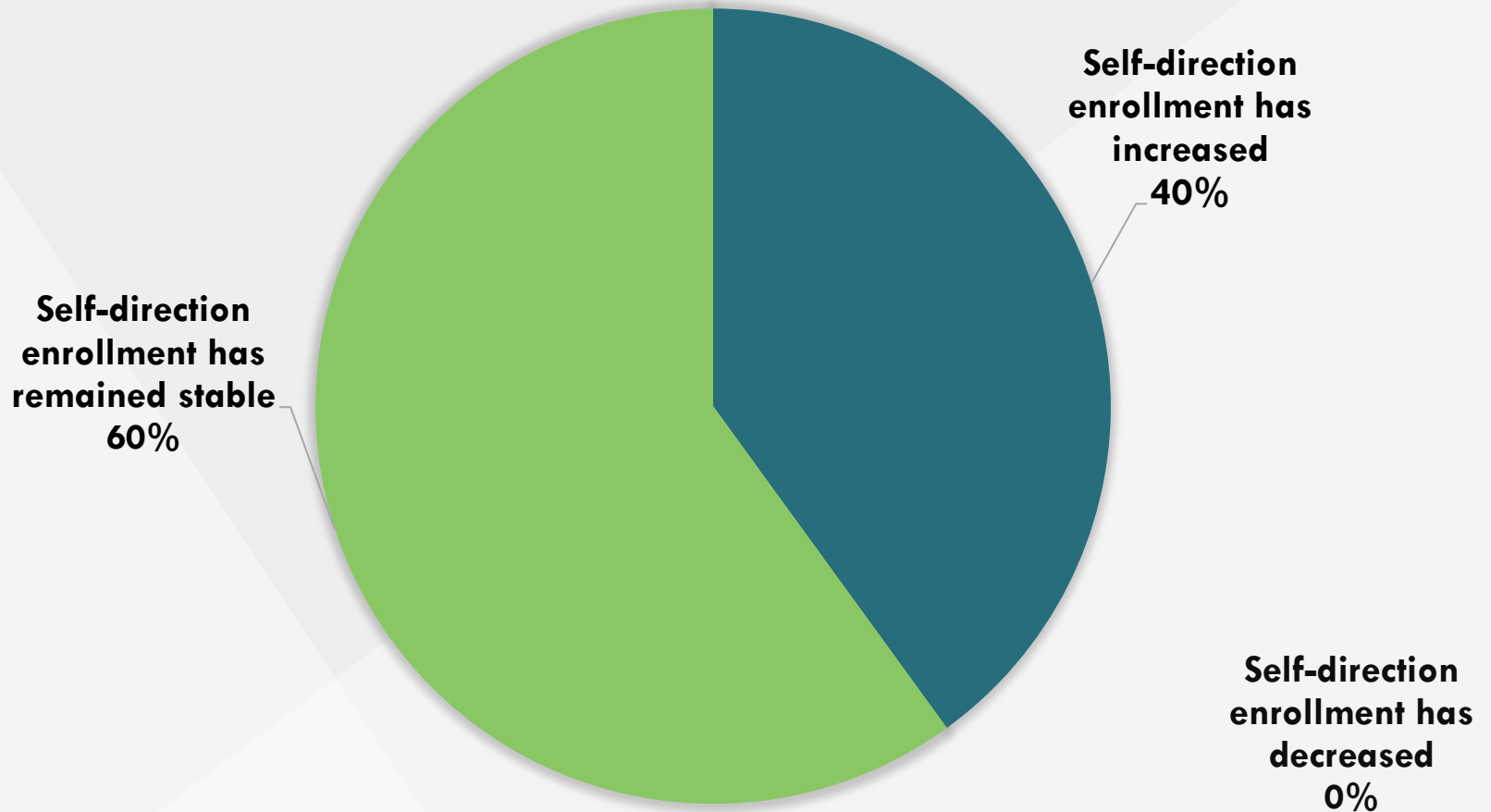
Self-Direction Growth

Engagement in self-direction varies widely across states with anywhere from 50% to 0.45% of the overall long-term services and supports (LTSS) population self-directing.

Percentage of Members Self-Directing by Health Plan



Self-Direction Enrollment



Strengths of Self-Direction

Health plan leaders described numerous benefits of self-direction for members, including:

- ❑ Ability to set rate of pay
- ❑ Improved coverage in rural settings
- ❑ Avoiding institutionalization
- ❑ Flexible choice of worker
- ❑ Greater control and autonomy
- ❑ Lower cost compared to traditional care
- ❑ Ability to delegate nursing services
- ❑ Mitigate labor shortages
- ❑ Accommodate diverse needs

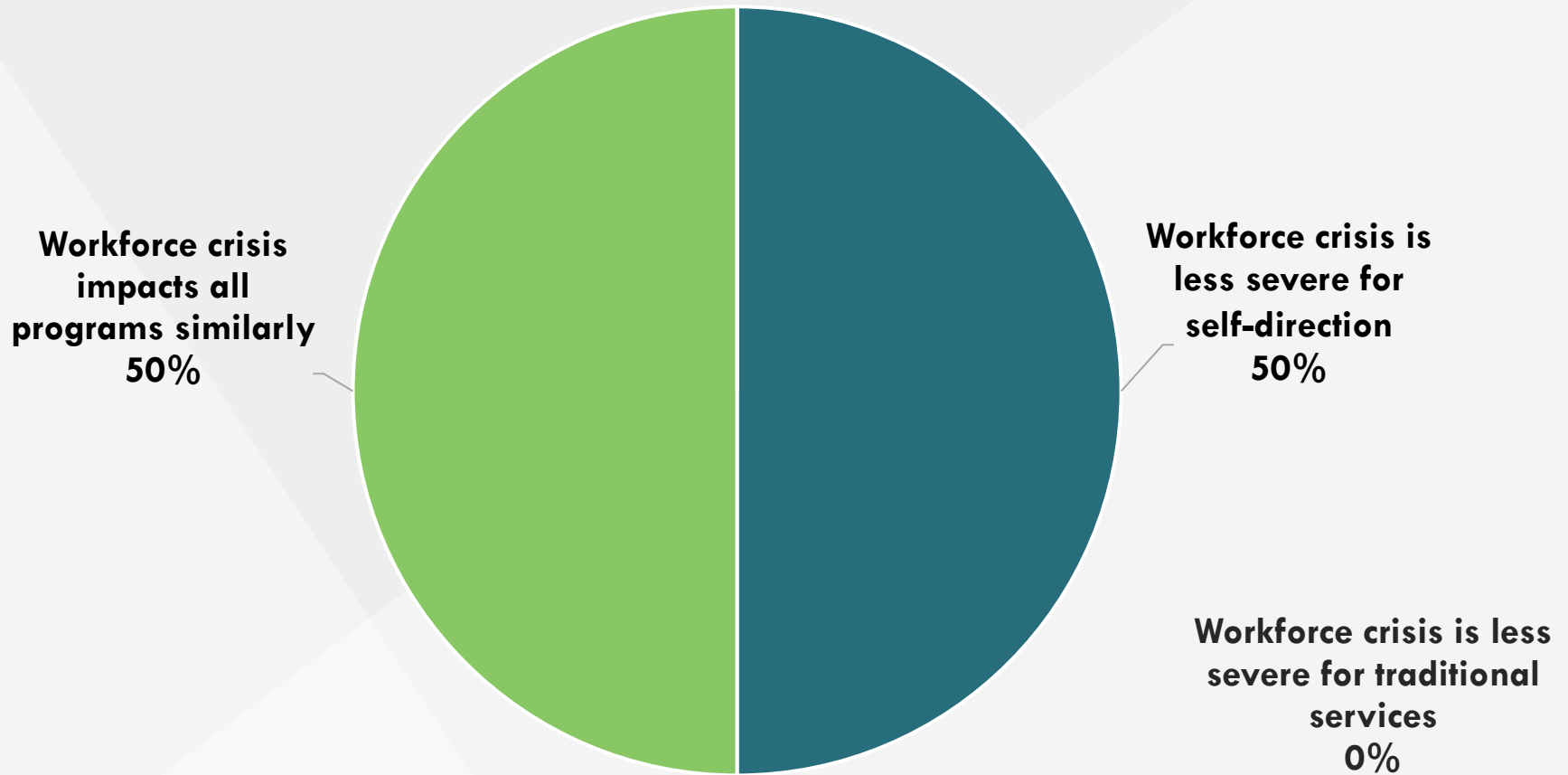
Flexible Choice of Worker

“The biggest advantage is giving members the **autonomy to choose who they want** as their service providers and designing what they want the providers to do for them.”

“Members who self-direct have more **consistent levels of satisfaction** primarily tied to the fact that they have chosen their provider and it is someone they know such as a family member.”

“The biggest strength is the ability for members to hire their worker of choice, which is **not available through another service delivery option.**”

Mitigate Labor Shortages



Improved Coverage in Rural Settings

“Individuals in rural areas may gain **better access to care when self-directing** as it is often difficult for providers to support rural areas, though **personal networks are typically strong** in these areas making self-direction a more suitable option.”

Lower Cost Compared to Traditional Care

- One health plan found a representative sample of older adults and adults with physical disabilities self-directing used **20% less acute care**.
- Another health plan encourages, when appropriate, use of self-direction over agency services as they find it is **around half the cost**.

Challenges for Self-Direction

Health plan leaders also identified numerous challenges and barriers to the expansion of self-direction, including:

- ❑ Complex onboarding requirements
- ❑ Worker scarcity, especially when there are no friends/family to hire
- ❑ Competition with traditional programs, in some cases offering higher pay and benefits
- ❑ Challenges with FMS entities
- ❑ Insufficient information and assistance support
- ❑ Burdensome Electronic Visit Verification (EVV) requirements

Complex Onboarding Requirements

- 60% of health plans noted that members typically encounter **longer wait times** to access self-direction compared to traditional services
 - Common reasons included the difficulty of finding a worker and time-intensive documentation requirements, particularly for criminal background checks
- 60% of health plans observed that a major barrier to self-direction is the perception by members that it is too burdensome or time-consuming

Challenges with FMS Entities

- Each health plan lauded their FMS partners for their essential role in self-direction programs, particular recognition was given for:
 - ❑ Fulfilling the essential responsibilities of managing hours and pay
 - ❑ Weekly, bi-weekly, or monthly operations meetings for collaboration

- However, health plans also pointed to partnership challenges, including:
 - ❑ In states with multiple FMS entities, not all FMS provide the same quality of service
 - ❑ Pandemic related staffing shortages at the FMS level
 - ❑ FMS entities with low tech capacity (e.g., provide data on Excel, lack of automation)
 - ❑ Expectation that FMS should provide more or better information and assistance

Insufficient Information & Assistance

More support for the participant is needed.

- “Burdensome paperwork, EVV requirements, lack of support, lack of guidance for paperwork and budgeting.”
- “Difficulty with understanding and managing the budget.”
- “Lack of education and support around being the employer.”
- “Members or their representatives often do not have the expertise or education to step into the role of employer, but if provided with additional support, we feel that these members could be successful in self-direction.”

Best Practices (1 / 2)

Across all the UHC health plans, certain key attributes, strategies, or actions consistently appear to support the success of self-direction, including:

- A commitment to the belief that any member can succeed in self-direction with appropriate support
- 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 self-direction option to all eligible members
- Intentional efforts to improve and enhance information and assistance resources available to self-directing members

Best Practices (2/2)

Across all the UHC health plans, certain key attributes, strategies, or actions consistently appear to support the success of self-direction, including:

- Cultivation of strong community partnerships both with 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 / 3)

Major opportunities for states to advance self-direction include:

- Examine enrollment processes and remove obstacles to accessing self-directed services
- Provide equitable access to healthcare benefits for workers in self-direction and agency workers
- Increase wage ranges in self-direction to be more competitive with agency-based wages
- Allow the provision of personal care during hospitalization so long as services do not duplicate any that should be provided and billed for by the hospital

Advocacy Opportunities (2/3)

Major opportunities for states to advance self-direction include:

- Implement budget authority through self-direction to allow members to raise pay rates without necessarily increasing costs

Individuals share feedback and preferences with agency

Individuals have **EMPLOYER AUTHORITY** to hire, manage, and fire workers

Individuals have **EMPLOYER and BUDGET AUTHORITY** to make flexible purchases of goods and services

Advocacy Opportunities (3/3)

Major opportunities for states to advance self-direction include:

- Make any new flexibility during the pandemic permanent to allow family members to be paid caregivers
- 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

Next Steps

- UnitedHealthcare's National Advisory Board continues to partner with Applied Self-Direction to expand access to self-direction
- Ongoing initiatives include:
 - ❑ Targeted efforts to expand self-direction in certain states
 - ❑ Community of Practice for UHCCS administrators on self-direction
 - ❑ National self-direction stakeholder advisory group
 - ❑ Best practices to simplify enrollment processes for self-direction
 - ❑ Enhancing training on self-direction for staff and members

Questions?

Contact Us

Jennifer Kucera, jenniferkucera134@gmail.com

Michelle Martin, michelle.martin@uhc.com

Molly Morris, molly@appliedselfdirection.com