

Care Coordination News

April 2026

Issues of **Care Coordination News** often refer to different UCare forms. All UCare Care Coordination forms are on the UCare website under the [Care Coordination and Care Management](#) page. Care Coordination-related questions can be directed to the Clinical Liaison at:

- **MSC+** [MSC MSHO Clinicalliaison@ucare.org](mailto:MSC_MSHO_Clinicalliaison@ucare.org) or by phone: 612-294-5045
- **Connect:** SNBCClinicalliaison@ucare.org or by phone: 612-676-6625

Enrollment-related questions can be directed to:

- **MSC+ enrollment** by email CMIntake@ucare.org
- **UCare Connect enrollment** by email at connectintake@ucare.org

2026 UCare Care Coordination Meetings

2026 UCare Meetings



At this time, UCare will not be offering CEUs, hosting Quarterly Care Coordination Meetings or Quarterly Clinical Liaison Office Hours. Ongoing communication and updates will instead be shared through the monthly Care Coordination Newsletter, and Office Hours will be scheduled as needed.

UCare Product	Meeting Type	Date & Time (Subject to change)
MSC+	Clinical Liaison Office Hours (optional)	TBD
Connect	Clinical Liaison Office Hours (optional)	TBD

ALL CARE COORDINATION NEWS



New on the Care Coordination and Care Management Website

All Products

CC Delegate Contact List (Revised 3/11/26)

Note: All documents related to Connect + Medicare and MSHO have been removed from the CC website. Documents will continue to be evaluated for appropriateness. Some documents may reference Connect + Medicare and/or MSHO. This can be disregarded and will be updated as time allows.

Kits and MOMS Materials

The shipping of kits and MOMS materials for all members is delayed. Any member that requested a kit or MOMS program material since 2/5/2026 has been impacted.

Item impacted with Plan type:

Connect to Wellness dental Connect to Wellness ADHD and Autism support	Connect
Strong & Stable	MSC+
Booster seats MOMS book Caring for Baby book	Connect

We anticipate this to be resolved by the end of March. All open orders should be fulfilled within the next 4-6 weeks.

Disease Management Health Coaching Programs

Disease Management (DM) engages UCare members living with chronic conditions by providing health coaching programs for members across all product lines. DM programs focus on meeting members where they're at in their health journey. The goal is to promote healthy living, improve quality of life, promote self-care efforts, and support treatment plans to help members manage chronic conditions. Programs are available for members with a diagnosis of asthma, diabetes and/or heart failure.

Program Eligibility

Program Eligibility		
Product	Connect	MSC+
Asthma Health Coaching Program	X	
Diabetes Health Coaching Program	X	X
Heart Failure Health Coaching Program	X	X

Asthma, Diabetes and Heart Failure Health Coaching Program Overview

Members enrolled in a DM program receive personalized health coaching from a UCare health coach. Through coaching and education, members can:

- Develop a positive vision for health and lifestyle
- Create achievable goals based on motivation and readiness to change
- Identify and break down barriers and patterns of behavior that prevent change
- Be empowered to make lasting lifestyle changes and be held accountable to reach goals
- Receive condition-specific education and resources to support self-management

Referrals

The DM team works closely with Care Coordination, Case Management, Pharmacy, Health Improvement, Health Promotion and provider teams to assist members in self-management of chronic conditions. Referrals are accepted for all DM programs, and enrolled members are assisted with referrals to other programs and resources as needed.

Program eligibility information is found at: [UCare® - Disease Management](#)

To send us a referral, please contact us at:

- **DM Email:** Disease_mgmt2@ucare.org
- **DM Voicemail:** 612.294.6539 or 866.863.8303
- **Include with referral:** Member ID, phone number and program (asthma, diabetes or heart failure)
- **Program Exclusions:** Diagnosis of ESRD (End Stage Renal Disease), on hospice care, in Long-Term Care Facility or a SNF, on dialysis
- **Online Member Enrollment:** Members may enroll online at [Health Coaching education | Personalized Coaching | UCare](#)

CONNECT NEWS

In Lieu of Services (ILOS) Post Discharge Meals



ILOS are supports offered to members to help improve health outcomes and advance health equity. ILOS aims to reduce hospital readmissions and unnecessary emergency department visits related to proper nutrition.

For Connect members, UCare partners with Mom's Meals to provide two daily medically tailored, home-delivered meals to members for up to 14 days after being discharged from an inpatient stay. The care coordinator identifies eligible members during transition of care activities. The referral process is streamlined through a referral form titled "ILOS Post Discharge Meals". The referral form and Care Coordinator Instructions are posted on the [Connect Care Coordination resources](#) page.

SNBC Disenrollments for Unpaid Spenddowns Beginning April 2026

Beginning April 2026, the Minnesota Department of Human Services (DHS) will resume disenrolling members enrolled in Special Needs BasicCare (SNBC) (UCare CONNECT) from the Managed Care Organization (MCO) if they have three or more months of unpaid spenddowns. MCOs may experience an increase in member disenrollments and reenrollments because of this change.

Under this policy, members with a spenddown may remain enrolled in SNBC if they pay the full spenddown amount to DHS in the month prior to the month of coverage. DHS will automatically disenroll members from the SNBC health plan if when the spenddown has not been paid for a total of three months while enrolled in SNBC. The three months do not need to be consecutive. These members will receive a disenrollment notice from DHS that includes information on how to pay the outstanding balance.



Disenrollment from SNBC does not affect a member's Medical Assistance (MA) eligibility. Coverage will continue under Fee-For-Service (FFS), and members will no longer receive SNBC benefits through their MCO.

To reenroll in SNBC after disenrollment due to unpaid medical spenddowns, members have 90 days from the disenrollment date to pay the outstanding spenddown balance to DHS. If more than 90 days have passed since disenrollment, individuals cannot reenroll in SNBC unless the monthly spenddown is no longer in place and the member has paid the total outstanding spenddown balance to DHS. Members who do not reenroll in managed care will remain eligible for MA under FFS.

Refer members to the DHS Health Care Recipient Billing Team at 651- 431-3205 or 800-657-3762 to pay unpaid spenddowns. A MAXIS case note has been added for affected members that includes account balance information and payment instructions for those who wish to reenroll in SNBC.

Additional Resources:

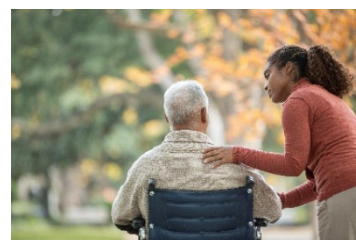
- [SNBC and Medical Spenddowns \(DHS-5373\)](#)
- [Managed Care Enrollment Guide for SNBC \(DHS-5567\)](#)

MSC+ NEWS

In Lieu of Services (ILOS) Update

ILOS may be considered for MSC+ members following a hospitalization, an outpatient procedure, anesthesia, or when a member is at risk of hospitalization without the service(s).

MSC+ ILOS provides short term interventions that support seniors who are not eligible for Elderly Waiver (EW) or who are pending a UCode removal and would benefit from waiver services to avert future health care costs. Services include, but are not limited to, homemaking, respite out of home or hospital, ICLS, chore services and specialized equipment & supplies (one-time purchase).



UCare reviews each request for ILOS services and notifies care coordinators within seven days if the request is approved or denied.

The [ILOS Request Form](#) and instructions are located on the [MSC+ Care Coordination Resources page](#). The form emphasizes the importance of a robust justification/explanation of the need. UCare asks care coordinators to ensure a MnCHOICES assessment has been completed to determine if the member is or is not eligible for an Elderly Waiver. For additional questions about ILOS, please email [MSC MSHO ClinicalLiaison@ucare.org](mailto:MSC_MSHO_ClinicalLiaison@ucare.org).

Elderly Waiver Transportation



When authorizing Elderly Waiver (EW) transportation, care coordinators must use DHS-enrolled Elderly Waiver service providers **and** follow rate limits outlined in the [Long Term Services and Supports Service Rate Limits](#). If authorizing transportation, T2003 UC, with a common carrier provider, the maximum one-way rate is \$20.21 and **only one unit can be billed** for a one-way ride. Negotiated transportation rates are permitted only if the rate is less than the LTSS Rate limits. Each unit approved under transportation, T2003 UC, reflects a one-way ride; providers are **not permitted to bill multiple units** for one-way rides. For example, if a unit is negotiated at \$1, a provider cannot bill multiple \$1 units to cover the cost of a one-way ride. In addition, **administrative fees are not an allowable expense** under T2003 UC.

Service Name	Service Unit	Procedure Code & Modifiers	Current Rate
Transportation	One Way Trip	T2003 UC	\$20.21
Transportation, Mileage, Commercial Vehicle	Per Mile	S0215 UC	\$1.54
Transportation, Mileage, Non-commercial Vehicle	Per Mile	S0215 UC	\$0.70

A common carrier provider, either commercial or non-commercial vehicles, may receive payment for a one-way trip **or** mileage. A special transportation provider may receive payment for a one-way trip **and** mileage. All authorizations must comply with DHS policies outlined in the [CBSM – Transportation](#).

PCA to CFSS Transition Required by September 30th, 2026

All members are required to transition from PCA to CFSS by September 30, 2026. Members who have not transitioned by this date will be at risk of a gap in essential services.



For members who have not yet transitioned to CFSS and have a reassessment between April 1st and September 30th, the CC will authorize transitional PCA services (T1019) through September 30th, 2026, along with 6 units of Consultation Services (T1023) while the member continues to work on transitioning. Any PCA/CFSS Communication Form requests for a PCA service authorization after September 30th will be denied. Once the DHS-6893P Service Delivery Plan is approved and the CFSS agency or budget model service start date has been coordinated, the CC will submit a new PCA/CFSS Communication Form to authorize CFSS services for the remainder of the service span year.

MnCHOICES Location Assignment: CFSS Consultation Service (CS) Provider



DHS changed how Consultation Service (CS) providers access person records in MnCHOICES. These changes improve system security and streamline provider access and workflow. DHS announced that the Care Coordinator will need to add the CS provider in MnCHOICES under Location Assignment. This allows the CS provider to access the assessment in MnCHOICES. The CS provider is responsible for assigning the CS staff member to the person record.

Action required

- **Care Coordinators:**
 - If the member has an established Consultation Services provider and was auto assigned:
 - ❖ No action is needed.
 - If the member has an established provider but was NOT auto assigned:
 - ❖ Assign the Consultation Services provider location to the person record.
 - If the member is new to CFSS and selects a Consultation Services provider:
 - ❖ Assign the Consultation Services provider location to the person record.
 - If the member changes Consultation Services providers:
 - ❖ If the previous provider still has an active staff member and location assignment, confirm the provider's work is complete, then unassign the staff member and location from the person record.
 - ❖ Assign the new provider's location to the person record.
- **Consultation Services Providers:**
 - After the location is assigned, the CS provider must assign a staff member to the person record.

For additional details on how to assign a CS provider location, refer to the email DHS sent to MnCHOICES Mentors on 2/17/26.

Documents Attached in MnCHOICES for Transfers



With frequent member transfers happening, care coordinators are expected to ensure that any documents that are not built into MnCHOICES are attached in MnCHOICES as soon as they are informed of the transfer. In addition to the DHS-6037, a commonly requested document is the ICLS Planning Form.

Adult Day Care (ADC) Licensing Moratorium Exception Process

Under the temporary Adult Day Care (ADC) licensing moratorium that began on **February 1, 2026**, the Minnesota Department of Human Services (DHS) will not accept any new ADC applications. This pause on issuing new licenses will have an anticipated duration of 24 months, ending January 31, 2028.

To ensure people across Minnesota can access the services they need, a moratorium exception process is available effective February 1, 2026. The exception process will be based on requests submitted to DHS by the lead agency (county or managed care organization) or Tribal Nation. This will



enable lead agencies and Tribal Nations, either individually or in groups to meet regional needs, to request a new licensed ADC.

Below is a link to the DHS page outlining the change: [Adult day care / Minnesota Department of Human Services](#)

The job aid is coming soon to the Care Coordination website, under MSC+ Resources, **ADC Licensing Moratorium – Exception request process**, to be used and followed by Care Coordinators requesting an exception.

Reemo to Cease All Operations



UCare has been informed that Reemo (Address: 22700 Louisiana Ave. S, #26037, Minneapolis, MN 55426) will be closing and discontinuing all services to members effective April 30, 2026. As a result, action is needed to notify impacted members and support them in transitioning to a new provider.

Reemo does not require watches to be returned. However, members who wish to return their watch may mail it to the address listed above. Reemo will not provide return shipping materials.

Delegates received a report of impacted members via UCare's SecFTP on Monday, March 30th. If you did not receive a report, no action is required.

For impacted members, care coordinators (CC) should:

- Notify members that Reemo will discontinue services
- Offer to assist members with identifying a new provider for their PERS service

If the member elects not to continue with a PERS service, the CC will need to submit a DTR.

If a new provider is identified and confirms acceptance of the referral, the CC should:

- Update the service provider in the Support Plan
- Submit a new Waiver Service Approval Form (WSAF) to UCare

Note: Authorizations may not be backdated. Care coordinators should not make new referrals to this provider.

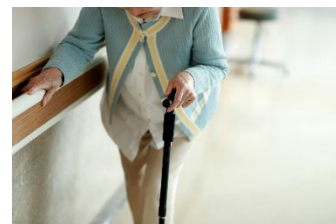
Quality Review

CFSS Assessments Trends & Tips

Mobility Activity of Daily Living (ADL) Requirement: How to Determine

Mobility is assessed by the member's ability to ambulate within their home on flat surfaces. If the member regularly utilizes mobility equipment, such as a walker, the assessor must measure the member's level of independence when using that equipment. Within the MnCHOICES assessment, the following mobility description options are available:

- Member walks independently: No assistance required and/or is independent with use of equipment



- Member requires supervision while walking: Needs instructional support (cueing) **and** oversight (supervision). Both elements must be present for this option to be selected
 - If this element is selected, the assessor must also indicate the level of support:
 - Intermittently during activity: support at varying points during the activity, not attended to the entire time
 - Throughout activity: assist from the start to completion of activity while directly engaging with continued interactions
- Member walks with physical assistance from another person: Requires hands on maneuvering, touching or moving the member to assist them to complete activity
 - If this element is selected, the assessor must now choose between needing assistance of one or two people
- Member does not typically walk: Member uses a wheelchair or someone else needs to move the member from one location to another
 - If “uses a wheelchair” is selected, the assessor must then select between
 - Propels own manual wheelchair
 - Propels own electric wheelchair
 - Depends on others to propel wheelchair

Considerations:

- Stairs are assessed separately. The ability to use stairs is not part of CFSS mobility dependency criteria.
 - *Example:*
If a member can ambulate independently on flat surfaces but requires assistance to go up or down stairs, the member **does not meet CFSS mobility dependency criteria**. However, stair use may still be considered when determining **case mix**.
- Community mobility is documented but not used for dependency determination. Mobility needs when accessing the community should be described in the movement narrative to support service planning but is not used to determine CFSS dependency.
- Mobility is one of the four critical ADLs. When a member requires mobility assistance and lives alone or does not have consistent informal support during times when a CFSS provider is not present, documentation should clearly describe how the member’s mobility needs are met outside of formal provider support.

Careful selection of the mobility description and clear documentation help ensure CFSS dependency is accurately reflected, and support planning appropriately addresses the member’s needs.

DHS News and Updates

MnCHOICES March 2026 Release Summary

Purpose: To provide MnCHOICES mentors and users with the following update and release summary.
Resolved Current Functionality items: Fixed in the release (1 fixes which includes 0 critical functionality items)

- Support Plan: Services and supports, Service Type – Services that support me heading-
 Description: Users could not select the X5609 service code in conjunction with the provider “DHS no pay code” (A342517700) in the Services that support me section. [DHS ID 209334]

- ❖ Changes made: The system will now allow provider “DHS no pay code” (A342517700) to be used with HCPC X5609 in the Services that support me section.

Removed Current Functionality and Future Enhancements document items:

- MnCHOICES Assessment: Assessment results heading-Description: This form is only for assessments completed before Oct. 1, 2024. An assessor must use this form when a person has a “P,” “Q” or “R” home care rating. [DHS ID 125077 — This transition issue will resolve itself when the transition to CFSS is complete.]
 - ❖ This item has been removed. The CFSS to PCA Conversion worksheet has been removed from the Form dropdown menu in the New Form window under the Assessments category.
- Support plan printout heading-Description: The support plan will display CFSS eligibility in the support plan. Corrections to the support plan must accurately reflect the person’s services. [DHS ID 125077 — This transition issue will resolve itself when the transition to CFSS is complete. [This is a critical functionality item.]
 - ❖ This item has been removed. The CFSS to PCA Conversion worksheet has been removed from the Form dropdown menu in the New Form window under the Assessments category.

Other changes made - not listed in the Current Functionality and Future Enhancements document:

- Description: During the Feb. 24 hot fix release, an issue was identified in Bulk Assignments when using Query Type: “Has No Staff Assignment.” If both Staff Assignment type and Location were selected, the query did not correctly apply the Location filter. Additionally, if a person had the same staff assignment type across multiple locations, the person was incorrectly excluded from the results.
 - ❖ Changes made: Updated the “Has No Staff Assignment” query logic to correctly apply the selected Staff Assignment Type and Location filters. The query now returns person records for the selected location when no active staff assignment exists for the selected assignment type at that location, even if the person has the same assignment type at other locations.
- Description: In the Assessment Details subsection of the MnCHOICES assessment, the person’s age was calculated based on the assessment creation date and displayed in years.
 - ❖ Changes made: The person’s age is now calculated based on the Activity Date of the MnCHOICES assessment. Age will now display in months for people up to 61 months old and in years for people 61 months and older.
- Description: The appeal notice, language block, ADA advisory and civil rights notice were not printed on the assessment summary when initial assessment review was the assessment type.
 - ❖ Changes made: The appeal notice, language block, ADA advisory and civil rights notice will now be printed on the assessment summary when initial assessment review is the assessment type.
- Description: Remove the CFSS to PCA conversion worksheet from the available forms in the Assessments category.
 - ❖ Changes made: The CFSS to PCA Conversion worksheet has been removed from the Form dropdown menu in the New Form window under the Assessments category.

- Description: Locations in MnCHOICES Assessment Queries were not displaying in alphabetical order.
 - ❖ Changes made: Locations will now display in alphabetical order.
- Description: Users were unable to sort attachments within a person record by the area column.
 - ❖ Changes made: Attachments within a person record can now be sorted by the area column.

New additions to the Current Functionality and Future Enhancements document (2 additions which includes 0 critical functionality items):

- Queries-Description: Names of all certified assessors at a specific organization/location do not appear in the assessor name dropdown menu in MnCHOICES Assessment queries. [DHS ID 227159]
 - ❖ Directions: Enter a specific staff member's name in the assessor name field if it does not appear in the dropdown menu. The name will appear in the dropdown menu, which allows it to be selected.
- MnCHOICES assessment-Description: If a user assigns themselves as a MSHO/MSO+ care coordinator to a person record to complete a MnCHOICES Assessment, the MSHO/MSO+ care coordinator agency name does not populate the appropriate field in the initiate assessment screen. Also, the MSHO/MSO+ care coordinator name, agency and phone number are not shown on the Assessment summary printout. [DHS ID 225681]
 - ❖ Directions: Assign MCO and MCO delegate staff members who complete MnCHOICES Assessments to a person record as a certified assessor to create the form. When two certified assessors (e.g., county/tribal nation assessor and MCO assessor) work with the same person record, the first assessor must mark the assessment complete and communicate that to the other assessor. The next assessor can start their work when the first assessor is unassigned from the person record.

Help Center updates:

- Current Functionality and Future Enhancements v.03.2026 document: Will be loaded into the MnCHOICES Help Center during the week following the release on March 5, 2026.
- Practice Guide: Support Plan with Transition Plan Reason v.2 (Loaded date 2/17/2026)
 - ❖ Updated "List transition plan as the reason in the following scenarios" in the Overview section to read:
 1. There is not an assessment in MnCHOICES, but a Support Plan must be created.
 2. Rule 185 case management when the person waived their assessment.
 3. Adoption has occurred, and the person has a new PMI number.
 4. The person had a paper CFSS assessment and needs a CFSS support plan.
 - ❖ Added to Overview:
 - MnCHOICES support plans with transition cannot be revised. A user must create a new support plan with transition reason any time a change is needed.
 - ❖ Removed the Legacy MnCHOICES documents section.
 - ❖ Removed Rate determination section including the following subsections:
 - Rate calculation for Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI) and Developmental Disabilities (DD) waivers.

- Elderly Waiver (EW) rates calculation.
- ❖ Added to Appendix:
 - MHM and other services: Instructions for adding other services and provides a list of Other services.
 - Available services when user selects yes for “Is person approved or applying for MHM services?”
- Smart Guide: Roles and Permissions v.6 (Loaded date 3/5/2026)
 - ❖ Table 3 – Agency role, assignment type, role description and tasks:
 - Case manager role: Added EW Budget Exception Requests, AC Eligibility Worksheets.
 - Consultation services providers role: Added My Dashboard – Caseload tile functionality.
 - Added Provider staff assigner role.
 - ❖ Table 5 – MnCHOICES form permissions applied to roles:
 - AC Eligibility worksheet permissions.
 - OBRA 1: Create, edit, complete, discard and print - add support staff to the list of roles with these permissions.
- Smart guide: Consultation Services Provider v.4 (Anticipated load date 3/9/2026)
 - ❖ New subsection: Caseload tile.
 - Used to access list of person records the staff member is assigned to.
 - ❖ New section: Provider staff assigner role: Assigning and unassigning staff to a person record.
 - Instructions for assigning and unassigning a Consultation services provider location and staff member.

REMINDERS

Forms Frequently Change

Forms are updated regularly. Please remember to download forms directly from UCare's website to ensure the most up-to-date versions are used.

Updating Primary Care Clinic

All Care Coordinators should confirm members' primary care clinics and complete the Primary Care Clinic Change Request form located on the [UCare website](#) in the Care System or County PCC/Care Coordination Change Process drawer. This will ensure members (MSC+/MSHO) are correctly assigned for care coordination while in the program and when they age in. Although SNBC does not make delegate assignments based on PCC, it is equally important to ensure accuracy for continuity of care and initial assignment if/when they transition to MSC+/MSHO.

Care Coordination Questions?

The Clinical Liaisons are a great resource when care coordinators have questions. To help you best, please include as much detail as possible when submitting a question(s): e.g., member name and ID number, date of birth, product, details about the situation, and care coordinator name, phone number, and email address.

All emails sent to UCare that include private member information **must** be sent using secure messaging. There may be times when UCare is unable to open secure third-party emails. If your agency does not have a secure messaging system or UCare is unable to open the third-party secure message, care coordinators can create a secure email account using [UCare's Secure email Message Center](#).

UCare Care Coordination Contact Numbers

Please refer to the [Care Coordination Contact List](#) for delegate contact information.

Newsletter Article Requests

Is there a topic that should be covered in this newsletter? Please send all suggestions to MSC_MSHO_Clinicalliaison@ucare.org & SNBCClinicalLiaison@ucare.org.