



Care Coordination News

June 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+ and Connect	Clinical Liaison Office Hours (optional)	Thursday, June 18, 2026, 1pm - 2pm

The Clinical Liaison's will be offering Office Hours for MSC+ and Connect Care Coordinators on **Thursday, June 18, 2026, from 1pm - 2pm**. Registration for Office Hours can be found [here](#).



Please note: these Office Hours are hosted by the Clinical Liaisons and are for questions related to UCare care coordination requirements and not about the UCare/Medica acquisition and transition. UCare/Medica leaders added an update in the newsletter below and will be messaging updates as they are available.

ALL CARE COORDINATION NEWS



New on the Care Coordination and Care Management Website

Connect

Connect Care Coordination Requirements Grid (Revised 6/1/26)

Assessment Checklist Connect (Revised 6/1/26)

MSC+

Community Elderly Waiver Care Coordination Requirements Grid (Revised 6/1/26)

Community Non-Elderly Waiver Care Coordination Requirements Grid (Revised 6/1/26)

Institutionalized Care Coordination Requirements Grid (Revised 6/1/26)

CFSS Care Coordination Guidelines (Revised 6/1/26)

PCA/CFSS Communication Form & Instructions (Revised 6/1/26)

Assessment Checklist MSC+ (Revised 6/1/26)

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.

Medica Acquisition of UCare

Medica and UCare remain committed to supporting members and ensuring care coordination partners receive updates regarding UCare's transition.

- UCare members will be contacted in advance of any changes to their current coverage. In the meantime:
 - UCare Medicaid members continue to have active coverage, and appointments, services and prescriptions should proceed as usual.
 - There are no changes to current UCare member benefits or provider networks, and prior authorizations should be honored.
 - If a UCare member has questions about their current coverage or is told by a provider that they cannot be seen because of their insurance, they may contact UCare Customer Service.
 - Members should continue using their UCare ID member card and, if they have questions, should call the number on the back of the card.
 - If Providers have questions pertaining to UCare or Medica, they should be contacting the health plans Provider Service Center per the normal process.

UCare

[UCare Minnesota – In Receivership](#)

[Provider FAQ Webpage](#)

Provider Assistance Center: 612-676-3300 or 1-888-531-1493

Medica

[Medica | UCare Member Transition](#)

[Medica | Provider Home Page](#)

Provider Service Center: 1-800-458-5512

Enrollment Updates



Due to the high volume of enrollment changes being processed by DHS, processing timelines continue to be delayed. UCare receives enrollment updates throughout the month; however, there may be delays between changes appearing in MNITS and when they are reflected on UCare's enrollment rosters. Please continue to notify the UCare Enrollment Coordinators if you notice discrepancies between MNITS and UCare's rosters so the enrollment team can monitor and follow up as needed to ensure eligibility is updated.

DHS also continues to process MSHO applications daily in the order they are received, and health plans are still seeing retroactive member enrollments. Currently, applications being processed were received in January and are being retroactively enrolled into MSHO effective February 1, 2026.

DHS has also shared that many members are submitting duplicate applications due to processing delays. Submitting additional applications is creating confusion and further contributing to these delays. Please help support members by educating them on the current processing timelines and application process to help reduce duplicate submissions.

UCare Enrollment:

connectintake@ucare.org

cmintake@ucare.org

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:

- 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

We accept referrals for all our programs and assist members enrolled in our programs with referrals to other programs and resources as appropriate.

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

To send a referral, please contact:

- **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 Skilled Nursing Facility, or on dialysis
- **Online Member Enrollment:** Members may enroll online at [Health Coaching education | Personalized Coaching | UCare](#)

MSC+ NEWS

Extension of CFSS Transition Timeline



DHS announced that effective immediately, the deadline for the transition from PCA to CFSS has been extended for an additional year. People who have not completed the transition from PCA to CFSS have until Sept. 30, 2027.

If a member requires additional time to work with Consultation Services (CS) to develop their initial DHS-6893P CFSS Service Delivery Plan, care coordinators may continue to authorize transitional PCA (T1019) in 6-month increments utilizing the PCA/CFSS Communication Form.

For additional information, care coordinators may reference the May 12, 2026 [DHS eList announcement](#).

Provider Revalidation 2026

The current off-cycle revalidation effort, also known as **Minnesota Revalidate 2026**, is required under directives from the federal Centers for Medicare & Medicaid Services (CMS). CMS has instructed the Minnesota Department of Human Services (DHS) to revalidate all providers delivering designated high-risk Medicaid benefits and services by **May 31, 2026**.

What Is Provider Revalidation?

Provider revalidation is a mandatory, periodic process used to verify that provider enrollment information, credentials, and practice details remain accurate and compliant with state and federal regulations.

As part of the revalidation process, providers may be required to complete:

- Credential verification
- Background checks
- Unannounced site visits
- Additional screening activities based on provider risk level

These requirements are intended to strengthen Medicaid program integrity, reduce fraud, and help safeguard Medicaid funding for the individuals and families who rely on these services.

High-Risk Services Included in Minnesota Revalidate 2026

The following provider types and services have been identified as high risk and are subject to enhanced screening and revalidation requirements:

- Adult Day Care
- Adult Rehabilitative Mental Health Services (ARMHS)
- Assertive Community Treatment (ACT)
- Community First Services and Supports (CFSS) Agencies and Personal Care Provider Organizations
- Companion Care
- Early Intensive Developmental and Behavioral Intervention (EIDBI) Agencies
- Individualized Home Supports (IHS)
- Integrated Community Supports (ICS)
- Intensive Residential Treatment Services (IRTS)
- Night Supervision
- Non-Emergency Medical Transportation (NEMT)
- Peer Recovery Services
- Recuperative Care
- Housing Stabilization Services

Why This Matters

Completing revalidation is critical to maintain enrollment with Minnesota Health Care Programs (MHCP). Providers who do not successfully complete revalidation by the May 31, 2026, deadline will have their MHCP enrollment terminated.

Provider Resources

Providers with questions about the revalidation process can review information and updates on the Minnesota DHS website:

- [Minnesota Revalidate 2026 Information Page](#)
- [Minnesota Revalidate Provider FAQ Page](#)

Additional information, FAQs, training materials, and enrollment resources are available through the DHS provider enrollment and revalidation webpages.

Quality Review

CFSS Reviews

The CFSS Review Team would like to extend a sincere thank you to all care coordinators for your continued partnership and dedication in submitting CFSS assessments for review.

We truly appreciate the thoughtful care, attention to detail, and clinical consideration that care coordinators have demonstrated when completing CFSS assessments. Your efforts to thoroughly evaluate each member's needs and carefully review the CFSS Review Team's recommendations have helped support consistency, quality, and person-centered service planning.

Your commitment to ensuring accurate and comprehensive assessments plays an important role in helping members receive appropriate supports and services.



Effective June 1, 2026, CFSS assessments will no longer require a review by the CFSS Review Team.

Thank you again for your ongoing hard work, responsiveness, and dedication to the members we serve.

CFSS Resources:

[UCare CFSS Guidelines](#)

[DHS CFSS Policy Manual](#)

You may also find it helpful to reference the MnCHOICES practice guide located within the MnCHOICES help center for additional direction.

CFSS Non-EW Report

The CFSS Non-EW Report will be discontinued. Although the report will no longer be available, continued evaluation of EW utilization remains important. Teams are encouraged to continue identifying opportunities to support appropriate service utilization and member needs. Thank you for your dedication to maintaining quality practices and supporting member needs.

DHS News and Updates

May 2026 MnCHOICES Release Summary

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

- Description: MnCHOICES dashboards had previously been static and the same for all users. There were no options to customize views based on role, workflow, or preferences.
 - ❖ Changes made: FEI made a core product enhancement to Blue Compass, the platform that houses MnCHOICES, to allow users the ability to configure their dashboard. Users will use the “+” next to My Dashboard in the upper left corner of the My Dashboard screen to configure a new dashboard.
Note: Users should refrain from using configurable dashboards until the smart guide is uploaded to the Help Center.
- Description: A referral date is required for MMIS screening document entry of a Functional Needs Update (FNU) assessment, but this field was not previously available in MnCHOICES for FNU assessments.
 - ❖ Changes made: Added a required referral date field to the Initiate Assessment section when the recipient identifier field is set to “current recipient/change” and the assessment type is Functional Needs Update (FNU). The field will display on the LTC Screening Document printout. This change applies all MnCHOICES assessments but only required for newly created forms and those in Initiate Assessment status at the time of the release.

- Description: In the Informed Choice subsection of the MnCHOICES Assessment (Functional Assessment - Self-determination), Community first services and supports (CFSS) was not available as a response option when “Will explore/pursue a consumer directed option” was selected for the “Choice to pursue a consumer-directed option” item. Only Consumer Directed Community Supports (CDCS) and Consumer Support Grant (CSG) were available.
 - ❖ Changes made: Community First Services and Supports (CFSS) has been added as a response option when “Will explore/pursue a consumer directed option” is selected for the “Choice to pursue a consumer-directed option” item.
- Description: The Certified assessor NPI/UMPI field in the LTC Screening Document allowed up to 250 characters instead of the expected 10-character limit.
 - ❖ Changes made: Updated the Certified Assessor NPI/UMPI field to enforce a maximum length of 10 characters.
- Description: The Average Monthly Budget field in the overview section of the support plan was calculating the average monthly cost for each service. This field did not add value to the support plan and users reported it was misleading and caused confusion.
 - ❖ Changes made: The Average Monthly Budget field was removed from the overview section of support plans.
- Description: MnCHOICES calculated a lower, incorrect rate when a user entered a 2026 effective service line for “Night supervision, 15 minutes, S5135 UA.” This defect appeared after the Feb. 6, 2026, release.
 - ❖ Changes made: MnCHOICES now correctly calculates the 2026 rate for “Night supervision, 15 minutes, S5135 UA.” Users no longer need to manually calculate the correct rate for service start dates on or after Jan. 1, 2026.
- Description: The system previously allowed support plans with a transition reason to be revised.
 - ❖ Changes made: Users can no longer revise a support plan with transition reason.
- Description: In the My Goals section of a revised support plan, editing a goal caused the Yes/No response to “Are there barriers to accomplish this goal?” to appear deselected. Similarly, in the Rights Modification section, enabling the edit toggle caused the Yes/No response to appear deselected. Despite this, completion requirements remained marked as met, and the previously selected responses were still reflected in the Support Plan printout.
 - ❖ Changes made: Yes/No selections are now preserved and correctly displayed when editing goals or rights modifications in a revised support plan, and completion requirements accurately reflect the current response state.

New additions to the Current Functionality and Future Enhancements document (1 addition which includes 0 critical functionality items):

- Support Plan: Service agreement heading-Description: The procedure code in the application for Transition integration, personal items, MHM is T5199 U6. This is incorrect, and a user cannot add the service to a person's support plan. [DHS ID 232097]
 - ❖ Directions: Use the T5199 U6 procedure code in the MnCHOICES support plan. Change the procedure code to S5199 U6 when entering the service agreement in the Medicaid Management Information System (MMIS).

Help Center updates:

- Current Functionality and Future Enhancements v.05.2026a document: Will be loaded into the MnCHOICES Help Center during the week following the release on April 30, 2026.
- MnCHOICES User Manual v.8 (Loaded date 4/24/2026)
 - ❖ User login page section (p. 10): Added Multi-factor authentication information.
- Smart Guide: Production – Adding Staff and Managing Access v.9 (Loaded date 4/30/2026)
 - ❖ Added the Multi-factor authentication troubleshooting instructions.
 - ❖ Reorganized the troubleshooting section.
 - ❖ Added “User must log into MnCHOICES from the United States” to align with security standards.
- Smart Guide: Adding and managing a person record v.3 (Loaded date 4/9/2026)
 - ❖ Added a Person icon: Profile and Contacts tabs section including information on:
 - Profile (p. 6):
 - Areas included in completion requirements.
 - Emails: Do not enter an erroneous address if unknown.
 - Race and ethnicity: Complete these fields to move MnCHOICES Assessment to the Approved in MMIS status.
 - If the disability certification status changes:
 - An assessor must go back to the assessment and select results to update program eligibility.
 - Contacts (p. 7):
 - A contact’s completion requirements must be met for it to appear in a form dropdown menu.
 - Effective date range: If a future date is selected, the contact will not display in the appropriate dropdown menus in the form until the date entered.
 - Contact address: Instructions for when the contact address is unknown.
 - Relationship type dropdown: When the parent is the guardian, choose this in the dropdown and enter “This contact is the parent” in the notes textbox.
- Practice Guide: Health Risk Assessment v.4 (Loaded date 4/9/2026)
 - ❖ Living Situation (p. 9): The references to housing stabilization were removed.
- Microlearning: Queries v.3 (Loaded date 4/20/2026)
 - ❖ This microlearning was updated to reflect MnCHOICES current functionality.

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.