



Care Coordination News

March 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 CEUs and Quarterly Meetings



At this time, UCare will not be offering CEUs or hosting Quarterly Care Coordination Meetings. Ongoing communication and updates will instead be shared through the monthly Care Coordination Newsletter.

UCare Product	Meeting Type	Date & Time (Subject to change)
MSC+	Clinical Liaison Office Hours (optional)	April 23, 11 a.m.-12 p.m.
Connect	Clinical Liaison Office Hours (optional)	April 23, 12:30 p.m.-1 p.m.

ALL CARE COORDINATION NEWS



New on the Care Coordination and Care Management Website

Connect

Numbers to Know: Connect (New 2/13/26)
Assessment Checklist (Revised 2/18/26)
New Member Process Flow (Revised 2/18/26)
Transfer Member Job Aid (Revised 2/18/26)
Transfer Member Process Flow (Revised 2/18/26)

MSC+

Numbers to Know: MSC+ (New 2/13/26)
Assessment Checklist (Revised 2/18/26)
EW Budget Exception Quick Reference Guide (New 2/5/26)
Transfer Member Health Risk Assessment PDF and Word (Revised 2/6/26)
Conversion Rate Request Form and Instructions (Revised 2/5/26)
New Member Process Flow (Revised 2/18/26)
Transfer Member Job Aid (Revised 2/18/26)
Transfer Member Process Flow (Revised 2/18/26)
Monthly Activity Log (MAL) Instructions (Revised 2/18/26)
CFSS Care Coordination Guidelines (Revised 2/28/26)

All Products

Reconciling Enrollment Roster Job Aid (Revised 2/18/26)

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.

Required Annual Advanced Directive Training



All UCare care coordinators are required to complete an annual Advanced Directive Training. This year the training requirement will be met by watching the [Alternative Decision Makers and Health Care Directives](#) recorded training on the care coordination website and completing the [training attestation](#).

All care coordinators must view the recording and complete the attestation by **March 31st**. Both the recorded training and attestation can be located under [Care Coordination Trainings](#).

Ongoing Transfer Document Process

Although the requirements grid has not been updated to reflect the following process at this time, this process has been approved long-term and will continue for all future transfers.

To facilitate a smooth and timely transfer of documentation for members transitioning from UCare to Medica, HealthPartners or Blue Cross Blue Shield (BCBS) plans, please attach all required transfer documents, including the DHS-6037, directly into MnCHOICES. This is the preferred method for transitions of members to other health plans and should be used in place of email or fax whenever possible. Once documents are uploaded into MnCHOICES, no additional outreach to the receiving health plan is required. Receiving care coordinators will review MnCHOICES for transfer documentation upon assignment of the member.



Members transferring to Fee-for-Service at the county will still require the 6037 to be sent to the appropriate team at the county for processing and cannot follow the same process as health plan transfers. Please ensure paperwork is being sent to the correct department at the county. This will ensure that paperwork is received timely and processed correctly.

- Dakota County has requested all 6037s be sent to clsintake@co.dakota.mn.us.
- Hennepin County has requested all 6037s be sent to Socialservices@hennepin.us or faxed to 612-466-9523

Disease Management Health Coaching Programs

Disease Management (DM) engages UCare members living with chronic conditions. The DM team provides 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 of the programs is to promote healthy living, improve quality of life, promote self-care efforts, and 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

Note: All programs are adults 18+ except the asthma program which includes children and adults age 5-64

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 their health and lifestyle.
- Create achievable goals based on their 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

Our 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)

MSC+ NEWS

Updating LTCC CTY Code in MMIS

With the recent rollout of the new LTCC CTY code for UCare, situations with the 909 edit continue to persist.

It has been brought to our attention that not all MMIS entries allow the LTCC CTY code to change from UCM to UCP. For example, an FNU or a waiver exit screening will need an 05/98 completed first to update the LTCC CTY code. Once the 05/98 has been completed, the LTCC CTY code will reflect UCP, and the activity should then be able to be entered into MMIS successfully. Assessment activity types should allow the LTCC CTY code to be changed with the assessment entry, and do not require an 05/98 to be completed first.



Additionally, UCare continues to see daily retro-enrollments to other health plans as DHS works through the backlog of MSHO applications submitted in 2025. As a result, a 909 edit may be generated when attempting to enter an assessment completed in 2026 if the member was retro-enrolled to another MCO effective 1/1/26. MMIS will not allow the LTCC CTY of UCP during a period when the member was not active in the plan. When this occurs, the CC should send their assessment to the new health plan and inform them that it could not be entered, so the new health plan may follow up as appropriate.

CFSS Provider Agency Changes



If a member is currently receiving CFSS services utilizing the CFSS Agency Model and is changing CFSS provider agencies, the member may transition to the new agency prior to the DHS-6893P Service Delivery Plan (SDP) being formally updated. A member may transition while the SDP is being updated by the Consultation Services (CS) provider, particularly in situations where services end abruptly or the member needs to secure a new provider quickly.

The CC must verify the new provider agency is in-network with UCare and collaborate with the provider agencies to coordinate a future transfer of care date after verifying the new agency. The CC completes the PCA/CFSS Communication Form for the change in CFSS agency and prorates the units according to the new authorization dates utilizing the [DHS CFSS Calculator Tool](#).

DHS recently updated their [Resource: CFSS mid-year changes for people age 65 or older who are enrolled in managed care organization \(MCO\)](#) to help clarify the process for provider agency changes during a member's current span. The [UCare CFSS Care Coordination Guidelines](#) have also been updated to reflect these changes and outlines the necessary steps required by UCare.

Quality Review

CFSS Assessments Trends & Tips

Risk of victimization or socially inappropriate behavior (4 or more times per week)

Accurate assessment of Risk of Victimization is essential to ensure members receive appropriate supervision and support while maintaining consistency with CFSS guidelines. This month's Trends & Tips focuses on key considerations, common trends, and important reminders to support clear, compliant determinations within the assessment process.

Specifically, this element evaluates the degree to which supervision, redirection and guidance from others is necessary to address the "increased vulnerability" of a member who has a limited ability to exercise judgment without supports. Before selecting a response, an assessor should carefully consider the members' ability to:

- Use appropriate boundaries (Physical boundaries, sharing information about oneself, etc.)
- Be aware of their situation and of potential dangers
- Take appropriate precautions with others (Strangers, keeping items secure, etc.)
- Accurately discerning the potential motives or intentions of others



Understanding the members' ability to navigate and interact with others in a safe, socially acceptable manner is important. Consider if the member acts in socially inappropriate ways with strangers (e.g.,

call attention to their vulnerability), is determined to have increased vulnerability due to cognitive deficit and/or if the member has a history of victimization.

Considerations for determining when Risk of Victimization is met:

- Does the member have a diagnosed cognitive condition?
- Do the answers within the self-determination area support the member's vulnerability?
- Is the member able to direct own services?

Risk of Victimization criteria cannot also be used to qualify someone for Level I or extended time due to behaviors.

All three behavior support areas must be evaluated independently. A single behavior cannot overlap to be counted towards more than one dependency.

Careful evaluation and clear documentation are critical when determining Risk of Victimization. By ensuring responses accurately reflect the member's vulnerability and by evaluating each behavior support area independently, assessors can promote consistency, integrity, and appropriate service authorization within CFSS assessments.

DHS News and Updates

MnCHOICES multi-factor authentication (MFA)

Please review the following important information:

- Thursday, February 19 at 4:30 PM: Multi-factor authentication (MFA) will be applied to all MnCHOICES user accounts in the Production environment.

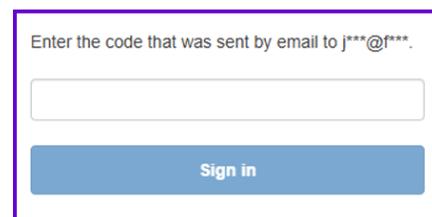
Logging into MnCHOICES with Multi-factor authentication (MFA)

- After entering a username and password, users will be prompted to enter a sign-in code.
- The code is sent to their email address associated with the user's MnCHOICES account.
- The login process is complete once the code is entered and the Agency Login and/or Acknowledgement page displays.

User log-in instructions

Complete the following each time you log in to MnCHOICES:

- Enter username (PW or X1).
- Enter your password.
- Click Sign in.
- Retrieve the code sent to the email address associated with your MnCHOICES account.
- Enter the code and click Sign in.
- Continue with the standard login process, which includes Agency Login page and/or Acknowledgement page.
- Repeat this process each time you log in.

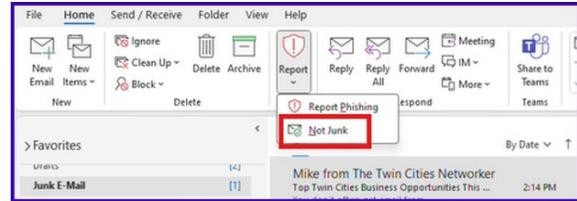
A screenshot of a multi-factor authentication (MFA) sign-in prompt. It features a text input field for entering a code, with the placeholder text "Enter the code that was sent by email to j***@f***.". Below the input field is a blue button labeled "Sign in". The entire prompt is enclosed in a purple rectangular border.

Troubleshooting

If you do not receive the MFA email in your inbox folder:

1. Check your Junk/Spam folder.
2. Locate the email.
3. Select Report in the home ribbon.
4. Choose Not Junk.

This will help ensure future MFA emails are delivered to your inbox.



If you do not receive the MFA email in either your inbox or Junk/Spam folder:

1. A user at your agency with lead agency security admin or supervisor role (contracted, delegate, or lead agency) should compare the staff member's email addresses

Resources

The troubleshooting instructions will be added to the following document in the MnCHOICES Help Center:

- MnCHOICES Smart Guide: Production Adding Staff and Managing Access

February 2026 MnCHOICES Release Summary

Resolved Current Functionality items: Fixed in the release (2 fixes which includes 0 critical functionality items)

- **Person Record: Assignments Heading - Description:** Users could not create a MnCHOICES assessment form when assigned to the person record as only a care coordinator Minnesota Senior Health Options (MSHO)/Minnesota Senior Care Plus (MSC+). When they attempted to create the form this error message appeared: "Active Certified Assessor staff must be assigned to person to create MnCHOICES assessment." The care coordinator MSHO/MSC+ could still edit and complete existing MnCHOICES assessment forms. [DHS ID 176737]
 - ❖ Changes made: Care Coordinator MSHO/MSC+ can now create a MnCHOICES assessment when assigned to a person record. They no longer need to be assigned to the person as Certified Assessor to create a MnCHOICES assessment.

The following field updates were implemented to the MnCHOICES assessment as part of this change:

- Initiate Assessment: The "Route to" field has been removed.
 - Assessment Details: The "Assessor's Name" field is now a drop-down list displaying staff who are actively assigned to the person and have permission to create assessments, including:
 - Certified Assessors
 - Care Coordinator MSHO/MSC+.
 - LTC and DD Screening Documents: The staff member selected in the Assessor's name drop-down on Assessment details screen now populates the Certified Assessor/Care Coordinator name field.
- **Support Plan: Services and Supports, Service Type - Services that support me heading - Description:** When a user created a new EW customized living and foster care worksheet, the customized living and foster care daily and monthly rate limits still showed the 2024 rate caps. This workaround applied only to a person who had not had a MnCHOICES assessment in the revised application and was using an assessment from MnCHOICES 1.0. [DHS ID 180042]
 - ❖ Changes made: The EW Customized Living and Foster Care Worksheet has been sunset from the MnCHOICES application as all assessments are now completed in the

MnCHOICES application. Use the [DHS-3945 \(Long-Term Services and Supports Service Rate Limits\)](#) to determine the following:

- Monthly and Daily Rate limits for Customized Living and 24-hour Customized Living services.
- Case Mix Limits for Customized Living, 24-hour Customized Living, Corporate Adult Foster Care, and Family Adult Foster Care services.

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

- **Description:** Additional input fields for MnCHOICES Assessment queries are needed to allow Lead agencies the ability to monitor timely completion of MnCHOICES Assessments.
 - ❖ Changes made: Queries for MnCHOICES Assessment and Initial Assessment Tracking have been enhanced to provide users additional input fields allowing them to produce additional results.

The following fields are now available when running MnCHOICES Assessment queries:

- Person ID
- First Name
- Last Name
- Middle Name
- PMI
- Assessment Type
- Status
- Number of days in Current Status
- Number of days past creation date
- Days past Activity date
- Recipient Identifier
- Organization
- Location
- Created By
- Assessor's Name

The following fields are now available when running Initial Assessment Tracking queries:

- Assessment Type
 - Assessment Activity Date Range - Start Date
 - Assessment Activity Date Range - End Date
 - Determination of Program Need
 - Status
 - Organization
 - Location
 - Certified Assessor
- **Description:** The eDoc, Mini-Cog© Instructions for Administration and Scoring DHS-3428M, was a screening tool used to detect the possible presence of dementia.
 - ❖ Changes made: DHS created a Mini-Cog© form within the MnCHOICES application. This form is now available and should replace use of the eDoc. (Additional details regarding the Mini-Cog© form were communicated to mentors via email on February 3.)

- **Description:** Support staff are only able to view an OBRA Level 1 form in the MnCHOICES application.
 - ❖ Changes made: Support staff now have the ability to view, create, complete, edit and close an OBRA Level 1 form in the MnCHOICES application.

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

- **MnCHOICES Assessment: Screening Documents:** The system populates the activity type field of the LTC Screening Document with an incorrect response when “Resides in an institutional setting” is selected for the person’s current living situation and any of the following are selected:
 - Intermediate care facility for persons with developmental disabilities (ICF/DD)
 - Hospital
 - Regional treatment center
 - Correctional facility.

The system correctly populates an activity type 04 (AT 04) when the person resides in an institutional setting and “Nursing facility, including certified board and care” is also selected. [DHS ID 215524]

- ❖ Directions: Change the activity type field on the LTC screening document to “AT 04” when the person lives in one of these settings:
 - Intermediate care facility for persons with developmental disabilities (ICF/DD)
 - Hospital
 - Regional treatment center
 - Correctional facility.

ACTION REQUIRED: MN-ITS email and phone number validation

DHS sent the update below on Feb 6th, 2026, to all MHCP providers regarding MN-ITS moving to LoginMN soon. To ensure this transition is smooth and does not impact user access, DHS has asked that all users validate their email and phone number associated with their log in account. This can be viewed and updated under the *User Administration* link on the left after logging into the MN-ITS system.

MHCP provider news and updates: Important Reminders

MN-ITS will be moving to LoginMN soon. Log in to MN-ITS and validate your email and phone number. If you do not log in to MN-ITS to validate your email and phone number, your login information will not transfer to LoginMN and you will not be able to access MN-ITS.

Before the move, you will receive a pop-up message in MN-ITS to enter and confirm your work email and phone number. You will only need to complete this once for each username you have for MN-ITS. The email address you use will be your username when we move to LoginMN.

You must use an email address unique to a single user. Do not use a general business email address. For example: Use jane.biller@businessname.com, not info@businessname.com. You should use your same work email and phone number if you currently have multiple MN-ITS account logins. For example: You are a biller for five different providers (NPIs 1234567890, 2345678901, 3456789012, 4567890123, 5678901234), you should use the same email address for all five. Use an email address specific to you, such as jane.biller@businessname.com.

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.