

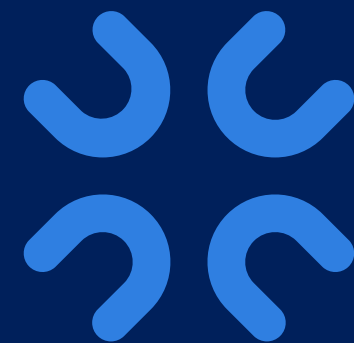




UCare Connect & MSC+ Care Coordination Training

May 2026





Requirements Grid Updates

Katie Osborne



June 2026 Requirements Grid Updates

Connect

- Removal of the UCare THRA form requirement.
- Removed Product Change section
- Monthly Activity Log no longer required
- 5841 No longer required for SNV and HHA





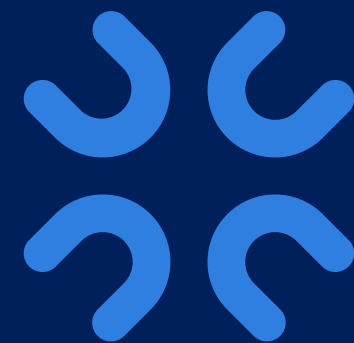
June 2026 Requirements Grid Updates

MSC+

- Removal of the UCare THRA form requirement.
- A Transfer FNU is to be used when the member receives EW or CFSS/PCA with a completed MnCHOICES Assessment
- For members receiving CFSS, transfer FNU may be completed only if a member does not need changes in the functional needs section
- Additional CFSS requirement of completing DHS-6893W form
- Reduced Product Change Section
- Monthly Activity Log: MSC+ Institutional only
- 5841 No longer required for SNV and HHA

Institutional Grid: No significant changes

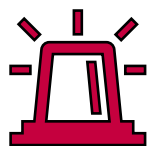




CFSS: DHS-6893W

Samantha Rue





DHS-6893W Requirement

Effective 6/1/26, UCare implementing use of [DHS-6893W](#)

Any DHS-6893P CFSS SDP being approved on or after 6/1/26 will require the DHS-6893W to be completed by the Care Coordinator (CC) for approval of the plan

Informs the member of the start and end date of their CFSS SDP and their final units/dollar amounts

All CFSS services the member is approved to receive should be included: Consultation Services (CS), Personal Care, Worker Training & Development, Goods & Services, and/or PERS

[DHS CFSS Calculator](#) must be used when completing the DHS-6893W

6893W is uploaded to MnCHOICES as an attachment once completed and signed by the CC

- CC notifies CS outside of MnCH once approved
- CC sends approved DHS-6893P and DHS-6893W to the member, CFSS provider agency, and/or FMS provider

Clear Form



COMMUNITY FIRST SERVICES AND SUPPORTS (CFSS)

Lead Agency Addendum to CFSS Individual Service Delivery Plan (DHS-6893P)

Your lead agency uses this form to inform you of the start and end date of your CFSS service delivery plan and the final unit/dollar amount. Your lead agency may need to adjust the unit/dollar amounts of your services to match the final dates of your service authorization.

EFFECTIVE DATE

Note to lead agencies: Fill out fields in the order they appear to make sure you see the correct follow-up fields.

Information

1. Your information

FIRST NAME	MI	LAST NAME	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
PMI	DATE OF BIRTH	SERVICE AUTHORIZATION START DATE	SERVICE AUTHORIZATION END DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Model

Which CFSS model do you use? Agency Budget

Approval

Complete sections 1-6 before approving.

Lead agency information			
LEAD AGENCY/ORGANIZATION NAME	CONTACT NAME (APPROVER)	TITLE/ROLE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
CONTACT EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
AGENCY STREET ADDRESS	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	MN <input type="text"/>	<input type="text"/>
COMMENTS			
<input type="text"/>			
LEAD AGENCY SIGNATURE			DATE SIGNED
<input type="text"/>			<input type="text"/>



PCA/CFSS Communication Form

The use of the DHS-6893W does NOT replace the PCA/CFSS Communication Form to UCare

- 6893W approves the 6893P CFSS SDP
- PCA/CFSS Communication Form authorizes the services

Continue to complete, sign, and date the Communication Form prior to submission to UCare

Upon entry, PCA/CFSS Intake Team will continue to email the final PCA/CFSS Communication Form back to the CC for notification of entry for CFSS Agency/Budget Model Service Auths


- Do not upload to MnCHOICES, DHS-6893W meets this requirement


Members and providers will continue to receive a copy of the Service Authorization Letter (SAL) with approved service line details


PCA/CFSS COMMUNICATION FORM

Incomplete, illegible, or inaccurate forms will be returned to sender. All applicable information must be included for timely processing of the request. Allow up to 14 calendar days for processing of this request. Refer to the instructions for the guidelines in completing this form. **Form must be completed by UCare care coordinator.**

Submit form and relevant documentation via:

 Fax: 612-884-2094

 Email: pca_cfss@ucare.org

 For questions, call: 612-676-6705
To reach a representative, choose option 2, then option 4

Member Information				
Name:	Date of birth:			
Member ID:	PMI:			
Diagnosis code:	MnCHOICES assessment date:			
MnCHOICES/EW date span:	to			
Care Coordinator Information				
Care coordinator name:				
Phone:	Fax:			
Email:				
Reason for request – select all that apply				
Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	Terminate <input type="checkbox"/>	Reduce <input type="checkbox"/>	Change in model <input type="checkbox"/>
Reduced in lieu of waiver services <input type="checkbox"/>	Change in service provider <input type="checkbox"/>	Deny early reassessment <input type="checkbox"/>		
Description of request - Required				
<p>Provide a description for all service requests. If multiple reasons for requests are selected above, please clarify each selection. Provide a <u>detailed</u> description of the request if the assessment results in denial, termination, or reduction of services. If a member receives CFSS from 2 agencies, please include 2nd agency information and the amount of hours for each service/procedure code here.</p>				

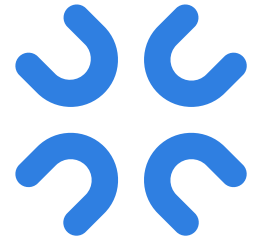


Transitional Health Risk Assessment (THRA)

Jennie Paradeis



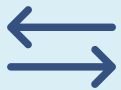
Transfer Assessment Updates



Goal: To improve data collection, provide efficiency, mitigate compliance risks, and align with other MCOs by June 1st, 2026



Discontinuing UCare “paper” Transfer Member HRA Form for all members

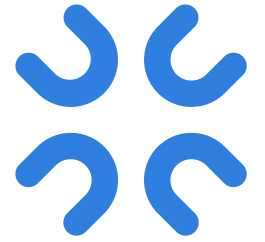


Moving to a “Transfer FNU” for members with a MnCHOICES Assessment and a MnCHOICES Transitional HRA for members with an HRA



Sending member a copy of their updated support plan at the time of transfer/product change (unless the only change is CC name)



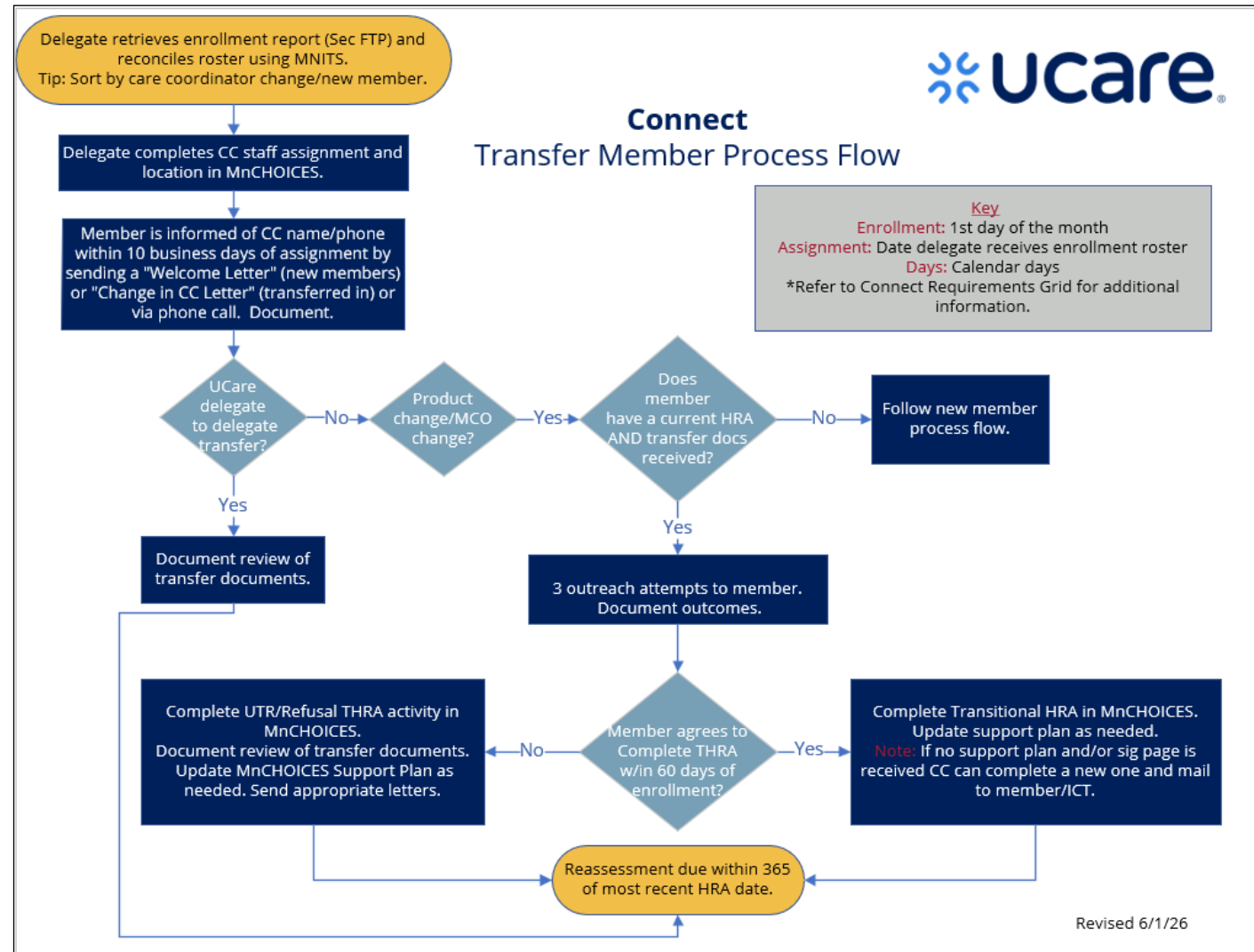


What is Changing?

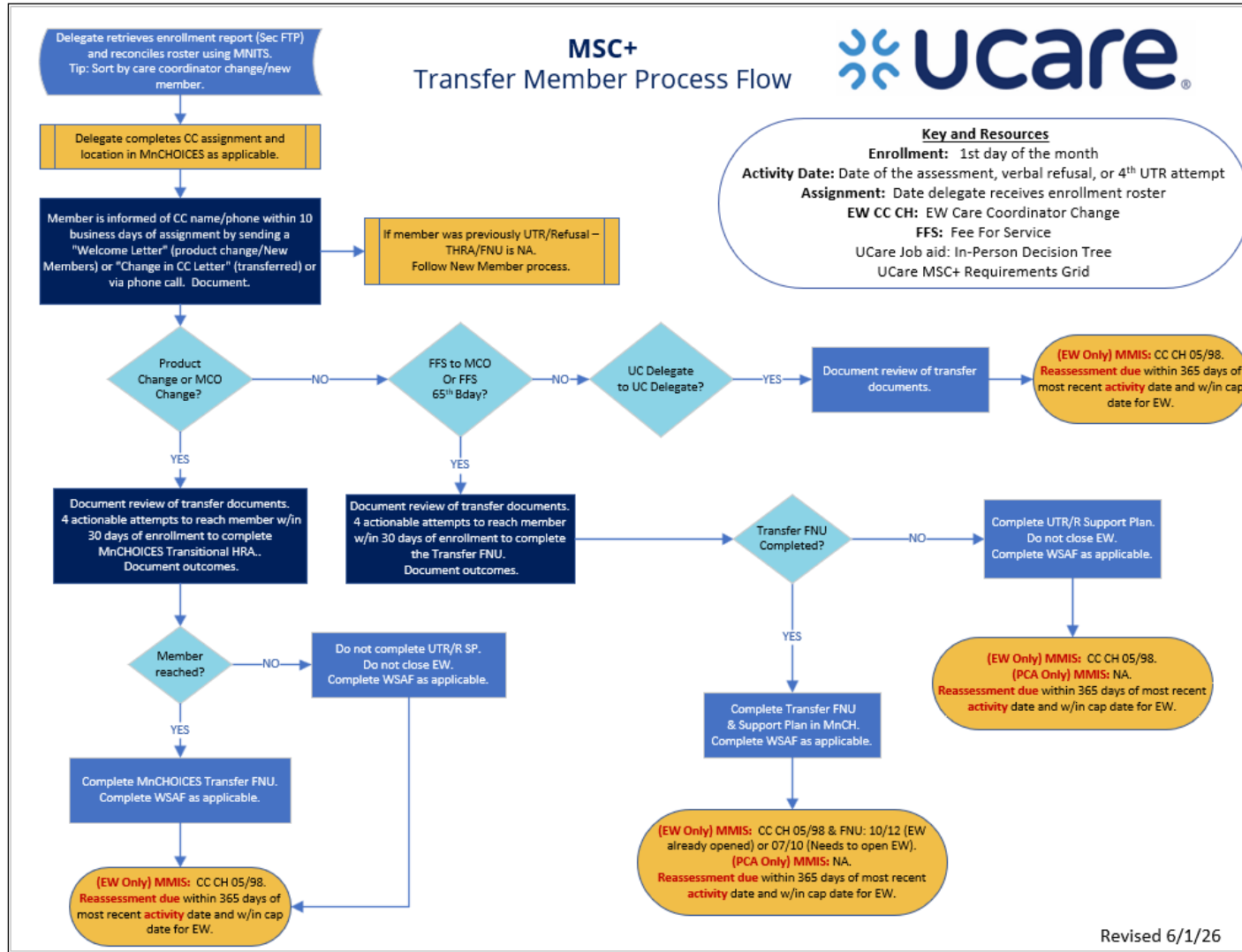
Changing	Staying the Same
Removing UCare THRA document	Transfer FNU cannot be completed to change PCA/CFSS hours
Complete Transitional HRA in MnCHOICES fully for members with HRA	Delegate to Delegate transfers do not require THRA process
Complete Transfer FNU for members who experience a transfer and have a MnCHOICES Assessment	MSC+ Institutional process
Transitional HRA for members with a MnCHOICES Assessment is not needed	Support plan update/mailing requirements

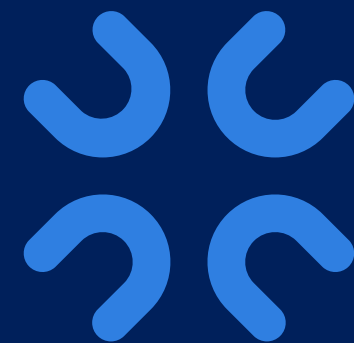


Connect Transfer Member Process Flow



MSC+ Transfer Member Process Flow





General Updates

Jennie Paradeis



Reports

Report Updates

- New to MSC+ with Waiver CM – discontinued April 26
- New to SNBC with Waiver CM – discontinued April 26
- Gaps in Care – pending
- MA renewals – pending

Report Reminders

- Uploaded to SFTP
- Assessment HRA Care Coordination Report



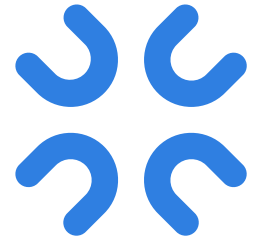
HRA Care Coordination Report

Tab Name	Description
HRA Created_Date > 60 days	<p>HRAs that were in MnChoices that have an assessment activity date = more than 60 days before the create date</p> <p>Tab Goal: determine if activity date entered is accurate based on the date it was created.</p>
Future HRA date	<p>HRAs with dates that in the future.</p> <p>Tab goal: determine if activity date entered is accurate based on the date it was created.</p>
HRA In progress > 60 days	<p>As of date data is pulled, a list of all HRAs with a status of in progress for > 60 days</p> <p>Tab goal: review and finalize</p>
MnChoice HRA Missing Data	<p>HRAs in MnChoices that are missing Activity Date and/or Assessment Results</p>



Health Status Codes

Connect



- Effective February 2026, UCare is now using MnCHOICES assessment data to update Health Status Codes
- Reminders
 - Multiple PMIs
 - Reassessments pulling in prior assessment activity date
 - Completing Activity
 - THRAs



Thank you

