



Care Coordination News

May 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](#).



ALL CARE COORDINATION NEWS



New on the Care Coordination and Care Management Website

All Products

CC Contact List (Revised 5/1/26)

MSC+

Adult Day Care (ADC) Moratorium Exception Request Form and Instructions (New 4/15/26)

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 Care Coordination Recorded Training

There is a new required training that has been posted to the care coordination website. This training reviews important care coordination updates. Please view all applicable parts of the [recorded training](#) for your role and complete the [attestation](#) by **May 29, 2026**. The updates included in the training must be implemented by **June 1, 2026**. Both the recorded training and attestation can be located under [Care Coordination Trainings](#).

6/1/26 Requirements Grid Updates

UCare has shared the June 2026 Draft Requirements Grids via email Alert to delegate leadership. It is essential to review the alert and each requirements grid to ensure a clear understanding of policy changes and clarifications. Significant changes are highlighted in yellow.

As always, reach out to the Clinical Liaison team with questions. Final versions will be posted to the UCare website on June 1, 2026.

Transfer HRA (THRA) Changes

UCare will be updating the THRA process to avoid duplication, simplify the work being done by care coordinators and align with other MCOs. The new process will take effect on June 1st. The requirements grids will be updated to reflect these changes, and a training has been posted to the meetings & trainings section of the website for care coordinators to review and attest to completion.

The changes below impact transfer members from another MCO or FFS.

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/mailling requirements

Healthy Benefits+ Visa

The Healthy Benefits+ program recently mailed out new cards to UCare members. The new card will be blue instead of white. Any UCare members who activated a Healthy Benefits+ Visa in the past will receive the new card *regardless* of the balance. This does not affect any members who requested a replacement card in the last three months as they have already received the new card.



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

Wellness Materials Update

The Caring for Baby book is no longer in stock and no longer available for ordering. Connect members can still view the material online at [Caring for Your Baby Guide | UCare](#).



The Connect to Wellness dental kit is out of stock; however, it will be replaced with the Adult Dental Kit. The change has been made to the ordering platform, and a request has been submitted to update the image online.

Connect to Wellness Dental Kit:



Adult Dental Kit:



MSC+ NEWS

T2029 Authorizations

As planning continues for future operational support of UCare Health Plan (UHP) members under Medica, there will be a change in how T2029 authorizations are entered for one-time supply or equipment purchases.

Previously, these authorizations were entered with 12-month spans. Moving forward, they will be entered with 3-month spans to help reduce the number of duplicative authorizations that may need to be transferred to Medica in the future.

Care coordinators should submit requests using a 3-month span. If a 12-month span is submitted, UCare will adjust it to 3 months when entering the authorization.

In addition, the T2029 Specialized Equipment Form has been updated to include additional language related to lift chair qualifiers to ensure alignment with MHCP criteria:

1. The member has arthritis of the hip or knee, neuromuscular disease or another medical condition that affects his or her strength or mobility.
2. The member is unable to stand up from a regular armchair at home.
3. Once standing, the member has the ability to ambulate independently or with a properly fitted walker or cane.

DHS-6893W CFSS Requirement Effective 6/1/2026

Effective June 1st, UCare will be implementing the use of the [DHS-6893W Lead Agency Addendum to CFSS Individual Service Delivery Plan](#). UCare is aligning processes with counties and health plans to lessen confusion amongst members and providers.

Any DHS-6893P CFSS Individual Service Delivery Plan approved by the Care Coordinator on or after 6/1/26 will be required to complete and sign the DHS-6893W to finalize plan approval. The DHS-6893W communicates the member's CFSS service delivery plan start and end date as well as their final unit/dollar amounts.

Care Coordinators must use the [DHS CFSS Calculator](#) when completing the DHS-6893W to support accuracy of the approved dates, units, and/or dollar amounts. Once completed and signed by the Care Coordinator, upload the DHS-6893W to MnCHOICES.

Care Coordinators are to notify the Consultation Services provider outside of MnCHOICES when the member's CFSS Service Delivery Plan has been approved and documents have been uploaded. In addition, the CC is required to send the approved DHS-6893P and DHS-6893W to the member, CFSS provider agency, and/or FMS provider.

The use of the DHS-6893W does not replace the current authorization process using the UCare PCA/CFSS Communication Form; this form remains a required step in addition to the DHS-6893W. Once the PCA/CFSS Communication Form is entered, pca_cfss@ucare.org will email the final PCA/CFSS Communication Form back to the CC as confirmation of entry. Uploading the DHS-6893W replaces the requirement to upload the final PCA/CFSS Communication Form to MnCHOICES.

The UCare CFSS Care Coordination Guidelines and MSC+ Requirements Grids will be updated and posted online for CC reference on or before June 1st. These resources are located on the [MSC+ Care Coordination Page](#).

DHS News and Updates

New online course announcement: Supporting Individuals Caregiving for Older Adults

DHS and the Minnesota Board on Aging created a new self-paced online course called "Supporting Individuals Caregiving for Older Adults." This 45-minute course provides information about how to support caregivers and connect them to the resources available through:

- Alternative Care (AC)
- Essential Community Supports (ECS)
- Elderly Waiver (EW)
- Other programs, specifically those funded by the Older Americans Act

After the course, participants will be able to:

- outline services and supports for people caregiving for a friend, family member or neighbor that are available through AC, ECS, EW and the National Family Caregiver Support Program, which is an Older Americans Act program

- describe the caregiver consultant role and the support they can provide to a person who is caregiving
- connect people who are caregiving with caregiver services and supports

For more information and registration information: [New online course announcement: Supporting individuals caregiving for older adults](#)

April 2026 MnCHOICES Release Summary

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

- Queries heading-Description: Names of all certified assessors at a specific organization/location did not appear in the assessor's name dropdown menu in MnCHOICES Assessment queries. [DHS ID 227159]
 - ❖ Changes made: All certified assessors at a specific organization/location will now appear in the assessor's name dropdown menu in MnCHOICES Assessment queries.
- Support Plan heading-Description: All support plans tied to federal waiver plans must have an emergency backup plan. However, the My backup plan field in the MnCHOICES assessment support plan was not required to move the support plan to the plan approved status. Also, the warning that said a response in the My backup plan field is only required when the person needs 24-hour plan of care was incorrect. [DHS ID 188174]
 - ❖ Changes made: Services Offered now displays within the My Plan to Address Safety Needs subsection of the Safety and Well-being section of Support plan — MnCHOICES assessment (SP – MnA). Users will select from the list of services that has been offered to a person.

My Backup Plans now displays its own subsection within the Safety and Well-being section of all support plans, and narration in the My Backup Plan text field will be required to move the support plan beyond In Progress-Assessment Complete status. Additionally, the following text fields have been added to My Backup Plans subsection of SP – MnA:

- My Backup Plan
- Community-Wide Disaster Plan
- My Plan In An Emergency
- If I am not able to evacuate on my own, I will:

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

- Description: Additional information was needed for Community First Services and Supports (CFSS) service providers in the supplemental summary charts available in the print menu of the MnCHOICES Assessment form
 - ❖ Changes made: The supplemental summary charts have been updated to include information relevant to CFSS service providers, including:
 - Descriptions of support needed to complete tasks.
 - Psychosocial health
 - Complex health treatments
 - Additional information
 - Referral information

- Description: In the Health Risk Assessment (HRA) form, under Health Concerns/History section, selecting 'Other' prompts a narrative field for entering additional health concerns. After the HRA form is moved to complete status, these 'Other' descriptions were not displayed on the completed form, although they did appear in the printed version.
 - ❖ Changes made: When 'Other' is selected and a narrative is entered, the description is now displayed after the HRA form is moved to complete status.
- Description: Extended services should not be available for support plans with the program type Community First Services and Supports (CFSS).
 - ❖ Changes made: Extended Home Care Nursing and CFSS services are now unavailable for support plans with program type CFSS.

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

- Person record heading-Description: Users with rate staff role get an access denied message when they try to view a person record. [DHS ID 231218]
 - ❖ Directions: A user with a lead agency security admin or supervisor role must add the support staff role to the list of available roles for the user who started with the rate staff role. The user can now access a person record to view or create rate plans.
- Support Plan heading-Description: When a support plan changes from a MnA — SP to a MCO/MnA — SP, the Staying healthy field in the what do I want my life to look like area does not appear in the application. However, it is on the printout without a response.

Also, when a support plan changes from an MCO/MnA — SP to a MnA-SP, the staying healthy narrative appears in the application but is not shown on the printout.

All other areas of the support plan change correctly to reflect the new support plan type. This includes the Goals section and Safety and well-being sections. [DHS ID 227144]

- ❖ Directions: Do not change an MnA — SP to an MCO/MnA-SP. MCOs must follow the directions in Smart Guide: Transfer Guidance for MSHO-MS+ Care Coordinators in the help center.

Help Center updates:

- Current Functionality and Future Enhancements v.04.2026 document: Will be loaded into the MnCHOICES Help Center during the week following the release on April 2, 2026
- Practice Guide: Alternative Carte Program Eligibility forms instruction v.1 (Loaded date 3/12/2026)
 - ❖ This document gives instructions about how to use the Alternative Care Program Eligibility and Alternative Care Eligibility Type A forms in MnCHOICES.
- Practice Guide: Support Plan with Transition Plan Reason v.3 (Loaded date 3/17/2026)
 - ❖ Appendix: Removed the following services from Other services:
 - Housing consultation
 - Housing sustainment
 - Housing transition
- Practice Guide: MnCHOICES Assessment v.10 (Loaded 3/25/2026)
 - ❖ Activity information – Assessment details: Updated Person's age: The system calculates and automatically populates the person's age based on the activity date. The person's age is displayed in months, for age 61 months and younger, and in years for over 61 months of age.

- ❖ Community living:
 - Relationships: Added that an informal support's name and contact information should be in the person's contacts.
 - Living environment: Added "Board and lodge with special services is a boarding and lodging establishment or a lodging establishment providing supportive or health supervision services." to Community-based congregate setting under Current living situation and Planned living situation.
- ❖ Wellbeing – Health interventions: Updated seizure supports from "five years" to say: Select "Historical only" if the person has been seizure-free for more than one year.
- ❖ Self-determination – Informed choice: Community First Services and Supports (CFSS) was added under the Choice to pursue consumer-directed option.
- ❖ Assessment results: Added 24-Hour Customized living services to Program eligibility details list.
- Practice Guide: Support Plan v.8 (Anticipated load date 4/6/2026)
 - ❖ Preparing to create a support plan: Reason for support plan: Transition plan section is updated.
 - ❖ Overview: Added the Revision reason field.
 - ❖ My Supports: Service type: Services that support me: Added instructions for assigning the consultation service provider location to a person record.
 - ❖ Safety and well-being:
 - My plan to address safety needs: Removed "(for EW care coordinators only)" from Services offered.
 - My back up plans: Updated to remove an essential service plan and replaced it with My backup plan.
 - ❖ Attach documents to a support plan: The following language was added about the attachment button: "The support plan header includes an attachments button. A user can attach documents to the support plan in any status. This feature allows attachments to be viewed at the support plan level as reference point for documents related to the specific support plan. This feature does not make support plan in compliance if users gather handwritten signatures after 60 days compliance or after the plan has been moved into "plan approved."
 - ❖ Appendix: The following service references were removed from Available services for "Is person receiving other services?":
 - Housing consultation
 - Housing sustainment
 - Housing transition

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.