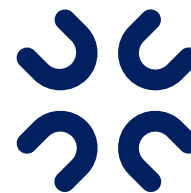


# Care Coordination News

October 2024



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+/MSHO** [MSC\\_MSHO\\_Clinicalliaison@ucare.org](mailto:MSC_MSHO_Clinicalliaison@ucare.org) or by phone: 612-294-5045 or 1-866-613-1395
- **Connect/Connect + Medicare:** [SNBCClinicalliaison@ucare.org](mailto:SNBCClinicalliaison@ucare.org) or by phone: 612-676-6625 or 1-833-951-3190

Enrollment-related questions can be directed to:

- **MSC+/MSHO enrollment** at 612-676-6622 or by email [CMIntake@ucare.org](mailto:CMIntake@ucare.org)
- **UCare Connect/Connect+ Medicare enrollment** by email at [connectintake@ucare.org](mailto:connectintake@ucare.org)

## 2024 UCare Care Coordination Meetings

UCare All Care Coordination Meetings are held every quarter. These meetings are intended to provide ongoing education, benefit updates and topical information to support successful care coordination activities. UCare care coordinators must participate in the Quarterly All Care Coordination Meetings presented live or by viewing the recorded WebEx. When viewing the recorded Quarterly All Care Coordination Meeting, an electronic verification is needed. CEU events and office hours are optional.

UCare Product	Meeting Type	Date & Time (Subject to change)
MSC+/ MSHO and Connect/Connect + Medicare	Live Quarterly Meeting	December 10 <sup>th</sup> , 2024, 9 am – 12 pm
MSC+/MSHO and Connect/Connect + Medicare	CEU Event (optional)	<b>November 12<sup>th</sup>, 2024, 10 am-12 pm</b>
MSC+/MSHO	Clinical Liaison Office Hours (optional)	<b>Oct 22<sup>nd</sup>, 2024, 12:30 pm-1:30 pm</b>
Connect/Connect + Medicare	Clinical Liaison Office Hours (optional)	<b>Oct 22<sup>nd</sup>, 2024, 11:30 am – 12:30 pm</b>
MSC+/MSHO	Housing Office Hours (optional)	3 <sup>rd</sup> Wednesday of every month *Starting April 17 <sup>th</sup> from 1 pm-2 pm
Connect/Connect + Medicare	Housing Office Hours (optional)	1 <sup>st</sup> Wednesday of every month *Starting April 3 <sup>rd</sup> from 1 pm-2 pm



[Click here](#) to register for the October Clinical Liaison CT/CT+ Office Hours

[Click here](#) to register for the October Clinical Liaison MSC+/MSHO Office Hours

[Click here](#) to register for the October Housing Office Hours CT/CT+

[Click here](#) to register for the October Housing Office Hours MSC+/MSHO

[Click here](#) to register for the NOVEMBER CEU EVENT: Person-Centered Thinking

## ALL CARE COORDINATION NEWS



### New on the Care Coordination and Care Management Website

#### All products

- Alert – 10/1/24 Requirements Grids Drafts
- 3<sup>rd</sup> Quarterly All Care Coordination Meeting Recorded WebEx
- 3<sup>rd</sup> Quarterly All Care Coordination Meeting Attendance Log
- 3<sup>rd</sup> Quarterly All Care Coordination Meeting PowerPoint Slides
- Healthy Benefits + Over-the-Counter (OTC) Catalog (New 10/1/24)
- Healthy Benefits + Over-the-Counter (OTC) and Healthy Food Allowance Catalog (New 10/1/24)
- AA/NA Ride Request Form (Revised)

#### MSC+/MSHO

- Transfer Member Job Aid (New 9/9/24)
- New Hire Training Guide (Revised 9/5/24)
- Chapter 2: [Care Coordination Manual Part 1: Overview of Care Coordination](#)
- Chapter 2: [Care Coordination Manual Part 2: MSC+ and MSHO Care Coordination](#)
- ILOS Request Form (New 9/9/24)
- ILOS Job Aid (New 9/12/24)
- CDCS Member Agreement and Checklist (Revised 9/9/24)
- CFSS Care Coordination Guidance (New 10/1/24)
- UCare CFSS FAQ (New 10/1/24)
- PCA/CFSS Communication Form (Revised 10/1/24)
- PCA/CFSS Communication Form Instructions (New 10/1/24)

#### Connect/Connect + Medicare

- Chapter 4: Care [Coordination Manual Part 1: Overview of Care Coordination](#)
- Welcome Letter (Revised 9/3/24)

#### Coming soon

- Additional & Supplemental Benefits: Connect and Connect + Medicare (Revised 10/1/24)
- Additional & Supplemental Benefits: MSC+ and MSHO (Revised 10/1/24)
- Chapter 4: Care Coordination Manual Part 3: CT and CT+ MED Care Coordination
- Transfer Member Assessment Decision Tool (New 9/25/24)
- MnCHOICES Guidance (Revised 9/24/24)



### UCare Sponsored CEU Event

We hope you can join us for another great CEU opportunity!

**Title:** “Person-Centered Thinking”

**Presented by:** Brittney Zeller, Program Services Consultant  
STAR Services

**Date:** Tuesday, November 12, 2024

**Time:** 10:00 am – 12:00 pm

2.0 CEUs will be emailed to registered attendees upon completion of the training.

[Register early!](#) This CEU event is limited to 500 participants and will not be recorded.



## Third Quarterly All Care Coordination Meeting Update

The 3rd Quarterly All Care Coordination Meeting is now posted on the care coordination website. During this meeting, UCare presented the annual Model of Care (MOC) training. Those who attended the meeting live have fulfilled the 2024 annual MOC training requirements. For those who were unable to attend in person, please view the recording by **October 31st, 2024** and complete the [electronic attendance log](#) to get credit for viewing the quarterly meeting and MOC.

## Support Plan-Other **Discontinued** for New and Reassessments

Until recently, the care coordinator's (CC) sole option for a support plan when completing a Health Risk Assessment (HRA) in MnCHOICES was the support plan form and choosing "other" as the program

option. DHS has created the program "HRA" for care coordinators, and many have wondered how the "other" option would be used; whether it will be removed, and whether care coordinators would still be able to use it. While UCare has reviewed this document and determined it currently meets regulatory elements of the support plan for those completed thus far, it is not intended for CC use moving forward. After submitting and receiving feedback from the MnCHOICES Help Desk, it was confirmed that care coordinators must use the program 'Health Risk Assessment (HRA)' when creating support plans associated with an HRA. CCs will no longer select Program 'Other.'

CC can use Program 'Other' for:

- Revising an existing support plan with the program 'other' until a reassessment is completed
  - CC must revise at the reassessment to end goals and provide end-of-plan updates to "close" the plan, then create a new support plan with the program 'HRA.'

The Practice Guide—Support Plan has additional information regarding the Program drop-down menu and is being updated to include the new HRA program. It can be found in the [MnCHOICES Help Center](#).

## IMPORTANT: MnCHOICES Progress Note Workaround Discontinued



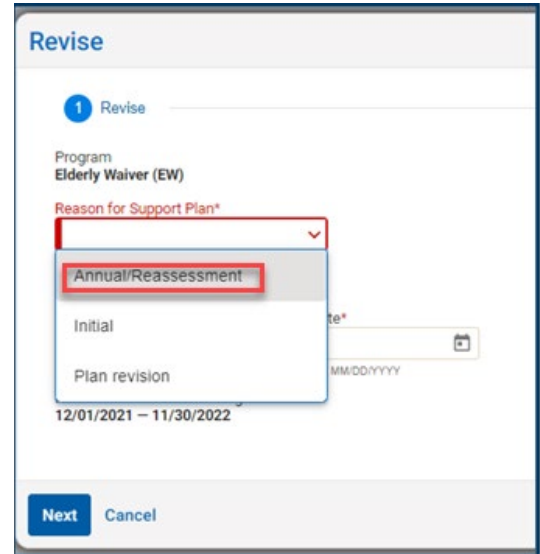
Shortly after revised MnCHOICES was released, it became apparent there was a defect with the support plan revision function. When revising a support plan, a significant amount of previously entered information was removed from the support plan, causing a lot of duplicate entries to complete support plan updates. UCare communicated a workaround process allowing progress notes to be completed in lieu of a revision when no service or provider changes were being made. This process was identified in the MnCHOICES Guidance document. This defect has been resolved and has now been working for several months. As a result, this workaround has been removed from the MnCHOICES guidance document and should no longer be used as a workaround for support plan revisions.

## Support Plan Revisions at an Annual Reassessment

DHS announced system functionality in MnCHOICES for a support plan to be revised annually at each reassessment, allowing it to be a true living document. UCare has reviewed this process and determined the functionality will meet the needs of ending and updating goals during a reassessment. All goal requirements and audit elements remain unchanged.

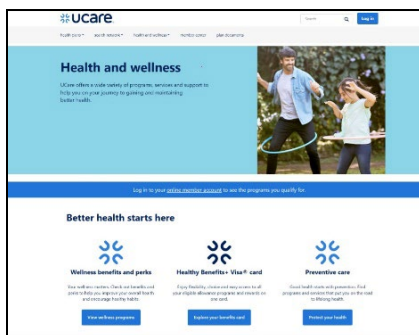
Important things to note:

- When revising, you cannot choose a new form. A new form must be created from scratch when a different form or version of the document is needed
  - i.e., changing from Support Plan-Other to Support Plan-HRA
- Support Plan-Other shouldn't be used for ongoing revisions at the reassessment. If the most recent version of a member's support plan is the program 'Other,' it must be revised to end all goals, and a new Support Plan must be created with the program 'HRA.'
- If DHS creates an updated version of the Support Plan-HRA, a revision will not be allowed during a reassessment for the following year. The most current version of the form should always be used.
- Do not delete goals when revising a support plan at the annual reassessment.
  - Goals must be submitted as "Achieved" or "Discontinued" to document the outcome of a goal before it is deleted. An "Achieved" or "Discontinued" goal can be deleted at the next revision AFTER the reassessment following the documented outcome.
- When revising a support plan during the annual reassessment for continued use the following year, the reason for the support plan must be "Annual/Reassessment," NOT "Plan Revision."



For more information and steps to complete the process, See the [MnCHOICES Guidance](#) Document.

## Health and Wellness Revamp on ucare.org



UCare recently completed a project to revamp the Health and Wellness section on ucare.org. The goal was to create a better user experience for current and prospective members through clear, easy-to-navigate content across the website.

Through a data-informed approach (including user research and analytics), the UCare Marketing Team developed a content strategy that included:

- Creating new content categories
- Reorganizing existing web pages, and
- Developing new web pages designed to help users easily find content

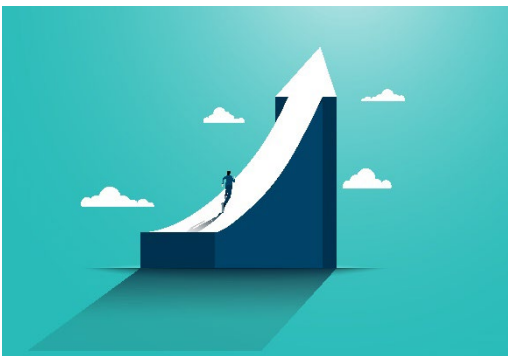
Overall, this project touched 104 web pages, about 41% of our public-facing content!

The new web experience is member-centered, highly organized, free of redundancies and easy to scan. A big thank-you to all the departments that contributed to this project. UCare encourages everyone to visit the website and explore the new Health and Wellness webpages.

### How Does a UCare Health Coach Help with Stress Management?

UCare health coaches can help empower members with change. Health coaches unveil strengths and help members discover and focus on steps needed to move forward in their health journeys. Health coaching helps the member identify barriers that often get in the way of self-care. Stress is a major deterrent to moving forward with change, self-care goals and overall health. Here are some ways UCare's health coaches assist members in managing stress and breaking through barriers.

- Help the member understand the stress and how this affects health and well-being
- Explore how stress gets in the way of self-care
- Help to identify when universal needs are not being met, and help look at ways to improve them
- Help the member recognize how stress affects the mind, body, and spirit. The following areas and more can be addressed with how stress is affecting each area:
  - Blood sugars, muscular tension/pain, blood pressure, negative critic, energy, depression, mental health, purpose, heart health, diabetes, weight gain, unhealthy behavior cycles, guilt, shame, and blame
- Guide members to recognize and know individual triggers for stress
- Assess readiness to address stress and change
- Guide members to mental health support and refer them to doctors, mental health providers and the UCare Mental Health and Substance Use Disorder Services (MSS) Team as appropriate
- Help address social determinates of health and give resources as needed



UCare Health coaches are trained and certified to provide a safe, non-judgmental, and unbiased space for members to share and work through challenges as a part of the journey. They are trained to be empathetic and excel in many coaching skills, such as motivational interviewing, appreciative inquiry, positive psychology and the transtheoretical model of change, to name a few. Health Coaches have board certifications and degrees and take ongoing CEU training individualized to each craft of coaching yearly.

Coaching a health condition is more than just addressing the condition. It is about what the member needs help with and what they are ready to address to move forward. Often, only guidance is needed to address the challenges of stress and move forward.

You may refer members to UCare’s health coaching programs for diabetes, Migraine, Weight Management, CKD, COPD, Asthma and Heart Failure to help address barriers and improve overall health. Note that the choice is always the members’, and they will be guided gently to reveal their stress as an area that can be addressed.

### How to refer?

To refer a UCare member to the UCare Health Coaching programs, send a referral with the member’s first name, last name, member identification number and program they are interested in to:

- Phone: 612-676-6539 or 866-863-8303
- Email: Disease\_mgmt2@ucare.org

### 2024 In-home Lab Testing Kits Underway

UCare’s Partnership with vendors Exact Sciences and Everlywell continues as UCare drives initiatives to provide in-home kits for colorectal cancer screening (Cologuard), diabetic HbA1c testing and diabetic kidney disease testing. This allows UCare members to complete all recommended screenings conveniently at home. UCare members were identified through claims, pharmacy, or other records for eligibility in these programs. These programs are voluntary and available at no extra cost to eligible members. In 2024, UCare is taking a more member-focused approach by offering a majority of members an “Opt-In” option to receive a screening kit. Program-related questions can be directed to [ucarequality@ucare.org](mailto:ucarequality@ucare.org).

### Exact Sciences

Exact Sciences conveniently ships Cologuard kits to eligible UCare members and will reach out to our members with prompts to complete and return the kit. After kits have been processed, the member will receive a result letter from Exact Sciences. If the result is positive (or abnormal), members will receive a phone call from Exact Sciences, who will educate them on the test results and recommend sharing results with the member’s doctor to see if a follow-up colonoscopy is needed. Negative Cologuard results are considered valid for three years.

Eligible members in UCare Medicare, MSHO, CT + Medicare, Individual & Family Plan and EssentiaCare can order Cologuard themselves through a portal open from August 28th through September 23rd. Mailed member material details this process. Once the portal is closed, kits will begin to ship on September 30th for those members who ordered a kit. Eligible members in these UCare plans can still order a Cologuard kit after September 23rd. Order requests can be sent to [ucarequality@ucare.org](mailto:ucarequality@ucare.org) (cc: Mai Xiong at [mxiong6@ucare.org](mailto:mxiong6@ucare.org) and Jennifer Deniz at [jdeniz@ucare.org](mailto:jdeniz@ucare.org)) with the subject “Cologuard kit request.” Include the following in the email:



- Member First and Last Name (you may send more than one member's request in each email)
- Member ID Number
- Member DOB
- Verified address

Please allow for up to six weeks for kit shipment. Eligible members can request kits directly through their primary care provider for a faster turnaround time.

**IMPORTANT:** If a member has had one of the following conditions, care coordinators should recommend that the member talk with their medical provider BEFORE completing a Cologuard test. The member may need a different approach for testing and should discuss a plan first with their provider. The member should not complete the Cologuard before talking with their medical provider if they have a history of:

- Colon polyps
- Colon cancer
- Inflammatory bowel disease such as ulcerative colitis or Crohn's disease
- A genetic condition in a member or a relative that makes you more at risk for colon cancer (like Lynch syndrome, Juvenile polyposis syndrome, Peutz-Jeghers syndrome)
- A family member with colon cancer
- An abnormal prior colonoscopy, which might require a follow-up colonoscopy
- Any other condition that could cause a greater risk of colon cancer

If the member believes that they are not yet due for colon cancer screening, such as having had a recent colonoscopy that UCare might not be aware of, please have the member talk with their medical provider before completing this test.

#### Cologuard for Medicaid Plans



Eligible members in Connect, MSC+, PMAP and MnCare UCare Medicaid plans will receive a letter from Exact Sciences Laboratory for a Cologuard kit. The letter will inform members that a kit will be arriving at their home. Members can opt out of receiving the kit up to two weeks before shipment.

The Exact Sciences Laboratory Customer Care team is available 24 hours a day, seven days a week. Chat: <https://www.cologuard.com/> | Phone: 1-844-870-8870

#### Everlywell

UCare is partnering with Everlywell to engage members who may benefit from diabetic HbA1c and/or diabetic kidney disease testing. Eligible members received an eligibility letter and email (if on file) with information. Completed screening results will be mailed to the member and primary care provider (if indicated). If a kit comes back positive (or abnormal), Everlywell will attempt to reach the member (up to three attempts) over the phone, with results mailed. Results are valid for one year, and testing needs to be repeated annually.



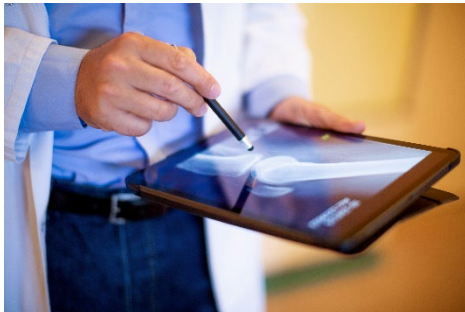
UCare uses two different methods to order Everlywell kits. One subset of eligible members receives a letter directing them to access a co-branded portal to order screening kits. Another subset of eligible members receives a letter letting them know an Everlywell kit(s) will be arriving at their home. The member can opt out of receiving a kit within a specified time frame.



If members have questions about Everlywell or how to use their kit, please have them call 1-855-923-2678 from 8 a.m. to 8 p.m. ET, Monday through Friday. Members can also visit [www.Everlywell.com](http://www.Everlywell.com) for more information. As always, we encourage members to talk with their medical providers about results and appropriate screenings.

### People-Powered Moments!

UCare believes care coordination makes a difference in the lives of the members we serve. We want to celebrate the stories you share! If care coordinators wish to share a story, click the [People Powered Moments Form](#) link on the Care Coordination homepage.



Recently, a UCare Health Improvement Specialist shared a collaboration with a care coordinator (CC) from Koochiching County, which resulted in the member completing a recommended bone density scan (BDS). The Health Improvement Specialist wrote: “This CC was amazing to work with. She is very much involved with the member’s health and was very responsive to me. I tried reaching out to the member’s guardian, but he didn’t even take the time to listen. But then, when I spoke to the CC, she said that she would talk to the

guardian and get him up to speed about the importance of doing a BDS. Between the two of us, we were able to convince the guardian and get the BDS scheduled with the clinic.”

This is a perfect example of how care coordinators partner with others across UCare, members of the Interdisciplinary Care Team (ICT), and the community to help improve the health of our members and support UCare’s mission to improve members’ quality of life!

### Health Care Directives: Addressing Cultural Barriers and Trust

Health Care Directives (HCD) are tools that allow our members to express their wishes when they cannot speak for themselves. At a minimum, care coordinators discuss and provide education on HCDs annually. Some members may not have completed the HCD due to cultural beliefs and trust barriers. Some examples of cultural barriers are strong beliefs that families should make end-of-life decisions or religious beliefs viewed as unnecessary, disrespectful, or bad luck. It’s important not to assume one’s beliefs based on a member’s culture or religion, as each person could hold individual beliefs that may differ from presumed beliefs.

A Care coordinator’s approach to this subject can build trust with members by being culturally sensitive and demonstrating respect for the member’s culture and views. Care coordinators should always review the member’s previous assessment and support plan notes to be aware and educated on the member’s wishes before the meeting. We invite you to explore UCare’s [Culture Care Connect](#). This site offers resources to provide culturally responsive care, further educate care coordinators, and enhance knowledge about different cultural beliefs.



## News U Can Use

Starting 10/1/24, MSHO and Connect + Medicare members will see their Over-the-counter (OTC) benefits transition from CVS to their Healthy Benefits+ Visa card. Transition letters were mailed to members on August 26th to notify them of this change. Members can now use their OTC funds in-store, online, or over the phone at participating stores. Locations include CVS, Walgreens, Walmart and more. Members can access additional information on the [healthybenefitsplus.com/ucare](https://healthybenefitsplus.com/ucare) website or call the number on the back of their Healthy Benefits+ Visa card. A catalog of eligible items is also available to members. Care coordinators can access the [Healthy Benefits+ OTC catalog](#) on the UCare Care Coordination website under the Benefits, Perks and Member Handouts spark.



## CONNECT AND CONNECT + MEDICARE NEWS

### Holiday Programs



The holiday season is quickly approaching, and interested families with children must register for holiday toy and gift programs before they stop accepting applications. There are several online options to use to locate resources across Minnesota. One of those options is to search “holiday programs” on [minnesotahelp.info](https://minnesotahelp.info). Other websites with possible holiday resources include [Minnesota Community Action Partnership](#) or [United Way 211](#).

Another resource to help guide members and families to local, free and reduced-cost services is [Resourceful](#). This resource goes far beyond holiday programs; however, by entering the preferred zip code and filtering to “Goods” and “Toys & Gifts,” there are many options for holiday programs as well.

### UCare Tobacco & Nicotine Quit Program for Maternity

UCare offers a special program to help members who are planning a pregnancy, pregnant or postpartum, quit smoking or chewing tobacco and vaping. Members will have access to specially trained quit coaches, greater intensity of behavioral support with relapse prevention, and more outbound coaching calls (unlimited inbound calls). Eligible pregnant and postpartum members who call the quit line to complete an initial assessment will receive a \$25 gift card.



To get started, members can enroll by calling the UCare Tobacco & Nicotine quit line at 1-855-260-9713, visiting [myquitforlife.com/ucare](https://myquitforlife.com/ucare) or downloading the Quit for Life mobile app on a smartphone.

## MSC+ AND MSHO NEWS

### In Lieu of Services (ILOS)

Specific Elderly Waiver (EW) services may be covered under ILOS for up to 45-day approval spans. ILOS may be considered following a member's hospitalization, an outpatient procedure, anesthesia, or when a member is at risk of hospitalization without the service(s). To be eligible for chore services, the member must have a frail health condition, and neither the member nor others in the household can perform the chore. Services UCare includes in ILOS are homemaking, respite out of home or hospital, ICLS, chore services and specialized equipment & supplies (one-time purchase).

One IOLS service may be submitted per the ILOS request form. Each request for ILOS is reviewed by UCare for approval. Care coordinators will be notified within seven days if the request for ILOS services is approved or denied.

The [ILOS Job Aid](#) and the [ILOS Request Form](#) are located on the [MSC+ and MSHO Care Coordination Resources page](#). If you have additional questions about ILOS, please email [MSC\\_MSHO\\_ClinicalLiaison@ucare.org](mailto:MSC_MSHO_ClinicalLiaison@ucare.org).

### 10/1/24 PCA to CFSS Implementation



Members will begin transitioning from PCA to CFSS at the time of their next assessment, completed on or after 10/1/24. DHS has prepared several interactive videos to learn more about CFSS. All MSC+/MSHO care coordinators must complete the Community First Services and Supports (CFSS) for Lead Agencies training courses (Course Code: CFSS\_LA) in [TrainLink](#). Care coordinators should review the [DHS CFSS Policy Manual](#) and [DHS FAQ](#) with questions specific to CFSS.

UCare has developed a Care Coordination CFSS Guidelines document to provide care coordinators with UCare-specific guidance for members accessing CFSS. Additionally, there is a UCare CFSS FAQ document that addresses frequently asked questions related to CFSS for MSC+/MSHO members received from UCare's Care Coordination Quarterly Meeting, Office Hours, and inquiries submitted to the Clinical Liaison inbox. Please note that guidance is subject to change as CFSS evolves and additional information is received from DHS.

Beginning 10/1/2024, the UCare PCA Communication Form has been revised to accommodate CFSS-related services. Care coordinators must utilize the revised form to authorize PCA/CFSS services for UCare members. With the CFSS implementation, the UCare PCA Intake's email address has been updated to [pca\\_cfss@ucare.org](mailto:pca_cfss@ucare.org).

The following additions have been made to the PCA/CFSS Communication Form:

- Consultation Services
- CFSS Agency and Budget Model Approval/DTR
- CFSS FMS Goods and Services
- CFSS PERS
- CFSS Worker Training & Development Budget
- New Service Provider Notification

All updated UCare PCA/CFSS forms, Care Coordination Guidelines, and CFSS FAQ are located on the [MSC+/MSHO Care Coordination page](#) in the PCA/CFSS Authorization drawer.

## QUALITY REVIEW CORNER



Thank you to all the delegates participating in the Quality Reviews 2024. Below are examples of exceptional best practices found during the Quality Reviews. Watch for these shout-outs in future newsletters as we continue to feature best practices!

### All Products

- ★ Lutheran Social Services: Care coordinators contacted or met in person with members outside of required contact. Examples include MA renewal, reviewing Health Ride information, assisting with the Honoring Choices Form, and scheduling medical appointments.
- ★ Lake of the Woods County: After receiving a report that members had an emergency room visit, care coordinators called members to offer support and documented the members' response and details of what the members reported.
- ★ Marshall County: Assisted with coordination of day-to-day needs, documenting if a member was wearing dentures, glasses, and/or hearing aids and the reason they were not being worn.
- ★ Watonwan County: Care coordinators had detailed notes under the Preventative Health Section on the Refusal Support Plans and in the description/comment boxes on Assessments and Support Plans.

### Care Coordination Trends & Tips

The Quality Review Team analyzes the overall trends found in the 2024 Quality Reviews. Monthly, an opportunity for improvement trend will be presented to provide care coordinators with guidance on improving care coordination compliance.



If an area is marked as a need on the HRA, ensure the member's needs are addressed on the Support Plan. The care coordinator is required to develop a goal for identified areas of need or clearly document that the member declines. Goals for identified chronic conditions that are well-managed and/or stable are not required. Commonly missed areas include significant pain, fall risks, and cognitive concerns.

Use [Member Engagement Strategies Job Aid](#) for tips on Motivational Interviewing skills to develop goals with the member.

Use 2024 Benefits by Condition to make appropriate referrals for members to address their needs. This can be found in the [Job Aids](#) section of the Care Coordination Website.

**REMINDER:** If a transition of care results in a change in goals and/or services, update the member's Support Plan. When Support Plans are updated, ensure they are reflected on the Monthly Activity Log.

## DHS NEWS AND UPDATES

### MnCHOICES Legacy Systems Retirement

On Oct. 1, 2024, DHS will remove legacy assessment and support planning tools used by lead agencies and other assessment/support planning tools used by managed care organizations (MCOs) from [DHS - Searchable document library \(eDocs\)](#). These documents will be discontinued to ensure all agencies use the MnCHOICES revision.

Effective Oct. 1, 2024, lead agencies will no longer be able to use the following documents to complete their work:

- Health Risk Assessment Screening Document – MSC+, MSHO and SNBC, DHS-3427H
- Instructions to Complete the Long-Term Services and Supports Assessment and Program Information and Signature Sheet, DHS-2727A
- Long-Term Care Screening Document – Telephone Screening, DHS-3427T
- Minnesota Health Risk Assessment Form, DHS-3428H
- Minnesota Long Term Care Consultation Services Assessment Form, DHS-3428
- Minnesota Long Term Care Consultation Services Assessment Form: SW Section, DHS-3428A
- Minnesota Service Change Form for EW and AC Participants, DHS-3428G
- OBRA Level I Criteria – Screening for Developmental Disabilities or Mental Illness, DHS-3426
- Person’s Evaluation of Foster Care, Customized Living or Adult Day Service, DHS-3428Q
- Supplemental Waiver PCA Assessment and Service Plan, DHS-3428D

#### Background information:

On July 1, 2024, DHS started Phase 4 (the final transition period) of the extended partner-advised rolling launch of the revised MnCHOICES application. Phase 4 ends on Sept. 30, 2024. During Phase 4, lead agencies should:

- Have 100% of staff members conduct all work in MnCHOICES revision
- Finish all existing assessments and support plans in legacy systems by Sept. 30, 2024

MnCHOICES 1.0 assessments and support plans not completed by Sept. 30, 2024, will not migrate to MnCHOICES revision.

Effective Oct. 1, 2024, legacy systems will no longer be available.

Additionally, the Sept. 3, 2024, AASD and DSD eList announcement communicated information about legacy system retirement.

### Legacy System Retirement

#### Background:

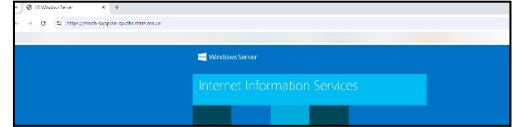
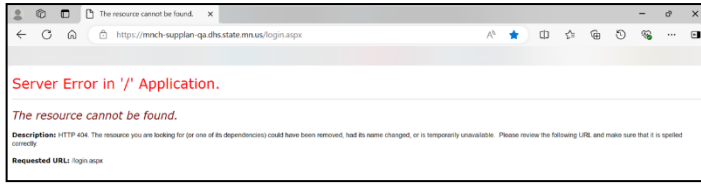
The MnCHOICES legacy computer applications (MnA 1.0 and MnSP 1.0) will retire on October 1, 2024, and will no longer be available.

- Agencies do not need to deactivate or remove user access for these systems.
- Agency staff will complete their work in the revised MnCHOICES application

#### Instructions:

If users attempt to log into either MnA or MnSP on 10/1/24, they will receive an error message.

- **MnSP 1.0:** On Oct. 1, MnSP users will disconnect access to MnSP as part of the retirement and will no longer be able to log in.
  - Users will remove browser links from their browser favorites
  - If a user tries to log into the application, either of the following will display:



Person records in the revised MnCHOICES application will have historical records loaded into the person’s attachment icon. Another load will occur in the last weeks of October. Historical items include:

- Contacts (from “Person Information” in MnSP)
- Assessment content marked “Closed — Complete” (corresponding eligibility summary will be a separate document)
- Community support plans (CSPs) with a closed status
- Coordinated services and support plans (CSSPs) with a closed status
- Service rate details (separate document in CSSP)
- Rate plans (EWRS rate tool content with a closed status)
- Long-term services and support (LTSS) evaluations with a closed status

**Questions:**

- MnCHOICES mentors use the MnCHOICES Help Desk Contact Form, DHS-6979, to submit their agency’s questions or concerns

## REMINDERS

### Keep Your Coverage Team

Keep Your Coverage (KYC) specialists are dedicated to helping members maintain Medical Assistance (MA) eligibility and health plan enrollment. KYC specialists work with members on UCare Connect, Connect + Medicare, MSC+, and MSHO plans. Additional details are located in the [Keep Your Coverage Program Referral Guide](#). You can refer a member to the KYC team by calling 612-676-3438 or emailing [KeepYourCoverage@ucare.org](mailto:KeepYourCoverage@ucare.org).

### Forms Frequently Change

Forms are updated regularly. Please remember to download forms directly from UCare’s website. This will ensure you are using the most up-to-date version.

### 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. For us 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](mailto:MSC_MSHO_Clinicalliaison@ucare.org) & [SNBCClinicalLiaison@ucare.org](mailto:SNBCClinicalLiaison@ucare.org).