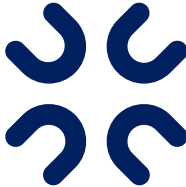


Care Coordination News

September 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 Liaisons at:

- **MSC+/MSHO** MSC_MSHO_Clinicalliaison@ucare.org or by phone: 612-294-5045 or 1-866-613-1395
- **Connect/Connect + Medicare:** 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
- **Connect/Connect+ Medicare enrollment** by email at connectintake@ucare.org

2024 UCare Care Coordination Meetings

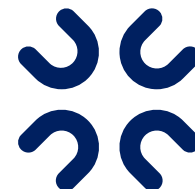
UCare All Care Coordination Meetings are provided every quarter. These meetings are intended to provide ongoing education, benefit updates and topical information to support successful care coordination activities. UCare care coordinators must participate in the Quarterly All Care Coordination Meetings presented live or by viewing the recorded WebEx. An electronic verification is needed when viewing the recorded Quarterly All Care Coordination Meeting. 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	September 10th, 2024, 9 am – 12 pm December 10 th , 2024, 9 am – 12 pm
MSC+/MSHO and Connect/Connect + Medicare	CEU Event (optional)	Save the Date: November 12, 2024, 10 am-12 pm
MSC+/MSHO	Clinical Liaison Office Hours (optional)	Oct 22 nd , 2024, 12:30 pm-1:30 pm
Connect/Connect + Medicare	Clinical Liaison Office Hours (optional)	Oct 22 nd , 2024, 11:30 am – 12:30 pm
MSC+/MSHO	Housing Office Hours (optional)	3 rd Wednesday of every month from 1 pm-2 pm
Connect/Connect + Medicare	Housing Office Hours (optional)	1 st Wednesday of every month from 1 pm-2 pm



[Click here](#) to register for the 3rd Quarterly All Care Coordination Meeting
[Click here](#) to register for the September Housing Office Hours Connect/Connect + Medicare
[Click here](#) to register for the September Housing Office Hours MSC+/MSHO

ALL CARE COORDINATION NEWS



New on the Care Coordination and Care Management Website

All Products

- Death Notification Form (Revised 8/1/24)
- PCP/ICT Support Plan Fax Cover Sheet (Revised 8/12/24)
- GrandPad Recorded Training (New 8/15/24)
- Care Coordination Contact List (Revised 8/16/24)
- UCare Clinical Phone List (Revised 8/7/24)

MSC+/MSHO

- EW Budget Tool (Revised 8/7/24)
- Care Coordinator CDCS Guidelines (New)
- CC CDCS Plan Approval Checklist (New)
- CDCS DHS 6532 CSP Change Form (New)
- Member Guide to CDCS Allowed Expenditures (New)
- CDCS Notice of Technical Assistance (New)
- Assessment Checklist MnCHOICES (Revised 9.1.24) *Job Aids*
- New Member Process Flow (New) *Job Aids*
- Transfer Member Process Flow (New) *Job Aids*
- GrandPad Training (New 8/8/24) *Meetings and Trainings Spark*

Coming soon

- MnCHOICES Guidance (Revised)
- MSC+/MSHO Transfer Health Risk Assessment Job Aid (New)
- Refusal Letter (Revised and added languages)
- Care Coordination Manual Part 3: Connect and Connect + Medicare
- Policy & Manual Spark
 - Care Coordination Manual Part 1: Overview of Care Coordination
 - Chapter 2: MSHO and MSC + and Chapter 4: UCare Connect and Connect + Medicare
 - Care Coordination Manual Part 2: MSC+ and MSHO
 - Chapter 2: MSHO and MSC+

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.

Thank you to Heather Ross, care coordinator with Lutheran Social Services, for submitting a People Powered Moment. Heather's story highlights the value of care coordination, member education, and intervention to access basic needs to help improve quality of life!



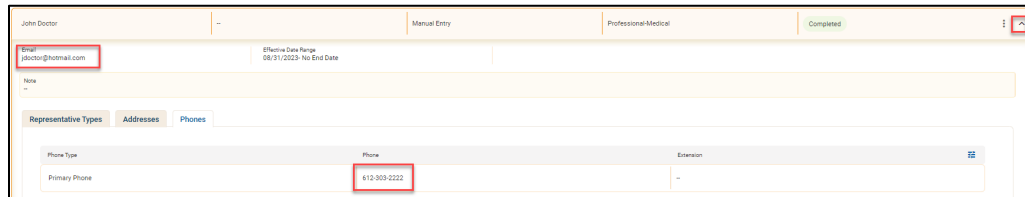
Heather shared that her member had struggled with personal transportation for quite some time due to an issue with public transportation. He had been meeting with friends and begging for transportation to get groceries or to go to the food shelf. As the member's CC, Heather was able to help the member schedule grocery rides through Health Ride as he was eligible through his UCare health plan and met the qualifying conditions criteria. He has been using this program for groceries for two months and called to thank Heather for setting this up so that he does not have to depend on others.

Way to go, Heather! You made a difference in this member's life.

MnCHOICES Transfers with Open Forms

To ensure new forms can be opened, including future assessments and support plans, all documents in MnCHOICES should be submitted or discarded, as appropriate, before initiating a transfer to a new delegate or county. Failing to have forms in their completed status may disrupt the receiving care coordinator's ability to start an assessment or support plan, as only one form of each type can be open at a time.

If a transfer is received and MnCHOICES forms have been left "in progress," UCare asks the care coordinator (CC) or county case manager (CM) to reach out to the owner of the document(s) and request the form be resolved as soon as possible. Phone and email for contacts can be found by accessing the "Contacts" tab on the left navigation panel and clicking the dropdown on the far right of the desired contact, as shown below. If you cannot resolve the issue with the previous CC/CM, contact the clinical liaison team for assistance.



The screenshot shows a user interface for a contact record. At the top, the name "John Doctor" is displayed. Below it, there are fields for "Email" (jdoctor@hotmail.com) and "Effective Date Range" (08/31/2023- No End Date). The "Phone" section is expanded, showing a "Primary Phone" field with the number 610-309-2222. The interface includes tabs for "Representative Types", "Addresses", and "Phones".

Chronic Care Improvement Program (CCIP)

Medicare Advantage plans are required to conduct Chronic Care Improvement Program (CCIP) initiatives. The intent is to promote effective chronic disease management and improvement of care. UCare implements the CCIP program via a quarterly newsletter mailing to members diagnosed with 2 to 6 chronic conditions based on the Johns Hopkins Adjusted Clinical Group system. Newsletters are sent to MSHO, Connect + Medicare, EssentiaCare, and UCare Medicare members. An estimated 70,000 members receive a newsletter each quarter. The newsletters provide education and resources to assist in managing chronic conditions. Education topics are chosen based on population health data, annual education opportunities, and member claims data. In 2024, the quarterly newsletter topics include preventive health, medication adherence, and education customized to members based on their diagnosed chronic conditions. Each newsletter includes resources such as health benefits, fitness, transportation help, Brook Health Companion, Health Coaching, Nurse Line, and the Mental Health and Substance Use Disorder Access Lines.



Disease Management Overview

What is Disease Management?



Disease Management (DM) engages with UCare members living with chronic conditions and provides programs for members across all product lines. UCare's DM programs focus on meeting members where they're at in their health journey. The programs aim to promote healthy living, improve quality of life, and promote self-care efforts and treatment plans to help better manage chronic conditions.

Program topics include:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Chronic kidney disease (CKD)
- Diabetes
- Hypertension
- Heart failure
- Migraines
- Weight Management

The delivery modes include reminder mailings, newsletters, phone apps, interactive voice response (IVR) or text message education, and one-to-one telephonic education and coaching programs.

The DM team works closely with Case Management, Pharmacy, Health Improvement, Health Promotion, and provider teams to assist members in self-management of their chronic condition. Referrals are accepted for all UCare's Disease Management programs, and the case managers will assist members in the program with referrals to other programs and resources as needed. Please visit [Managing Health Conditions | Programs and Support | UCare](#) for more information.

To make a referral, please contact:

- **DM Email:** Disease_mgmt2@ucare.org
- **DM Voicemail:** 612.294.6539 or 866.863.8303
- **DM Referral Forms:** <https://www.ucare.org/providers/policies-resources/disease-management>

Customer Service Team

The Customer Service Vendor Oversight Team provides oversight and management of Customer Service's key vendor relationships. One of those vendors is Certified Language International (CLI). They work closely with CLI to ensure UCare members and staff have an excellent experience when requesting interpreter services.

Care coordinator feedback is valuable and will help us identify opportunities for improvement. Questions, concerns, and input for CLI may be sent directly to the inbox at CS_Vendor@ucare.org.

Recent surveys have identified that we have had several calls disconnected with an interpreter. We want to learn more about this and need help gathering more information. If this occurs, we ask that an [incident form](#) be filled out, providing us with as many details as possible. This will help CLI investigate what led to the disconnecting call.

If your CLI interpreter disconnects from the call, a message will play advising the caller to press 9 to be directed back to the CLI call center and be reconnected with CLI as a priority caller.

Benefits:

- An additional call out to CLI is not needed
- CLI will already have the call information (e.g., name and language)
- Reporting will accurately track when interpreters drop from a call.

Please do not hesitate to contact CS_Vendor@ucare.org if you have any questions.

Over-the-counter (OTC) Allowance



To improve the member's experience, UCare is moving the quarterly OTC allowance to the Healthy Benefits+ Visa card starting October 1, 2024. Current MSHO and Connect + Medicare (CT+M) members will receive a letter in the mail at the end of August notifying them of the program enhancement.

The Healthy Benefits+ card offers the flexibility and convenience of one card for:

- **Over-the-counter allowance** (effective 10/1/24)
- **Healthy food allowance** (MSHO and CT+M members with eligible chronic conditions)
- **Utility bill allowance** (MSHO members with eligible chronic conditions)
- **Grocery discounts**
- **Rewards and Incentives**

If the member already has a Healthy Benefits+ Visa card, they can continue using it. If they haven't received a card, one will be mailed to them at the beginning of October.

Before October 1, 2024, members could only use the OTC allowance online or over the phone through CVS OTC Health Solutions. Members can soon use the allowance in person, online, or over the phone at multiple participating retailers, including Walmart, CVS and more! The OTC allowance expires at the end of each quarter or upon plan termination. The Healthy Benefits+ Visa card will not work for non-UCare members.

Learn more about the UCare Healthy Benefits+ Visa card:

- Members should hold on to their Healthy Benefits+ Visa card. The card will reload, and members can keep using it year after year. UCare will not automatically send a new card each year.
- The Healthy Benefits+ Visa card works until it expires or the plan terminates.
- The Healthy Benefits+ Visa card is not linked to the member's bank account.
- The allowance amounts and expiration dates vary by program.



Visit healthybenefitsplus.com/ucare or call 1-833-862-8276 (TTY 711) to:

- Learn more about eligible allowance and reward programs
- View eligible health items online and place an order
- Request a catalog
- Check your balance
- Review recent transactions
- Find participating locations

Members can find more information in the UCare online member account. Log in to or sign up for an online member account at ucare.org/member-login. Once logged in, click Health & Wellness. Then go to Wellness, Rewards & Allowance.

CONNECT AND CONNECT + MEDICARE NEWS

UCare SEATS (Seats, Education and Travel Safety) Program

The SEATS program provides free car seats, installation, and safety education from certified car seat technicians through trusted partners to all eligible UCare members. Please continue to connect UCare members to this program.

The following members are eligible to receive a free car seat. Limits may apply:

- Members who are pregnant and within their third trimester
- Children age seven and younger, and
- Members who are enrolled in Connect and Connect + Medicare, PMAP, MinnesotaCare, and IFP

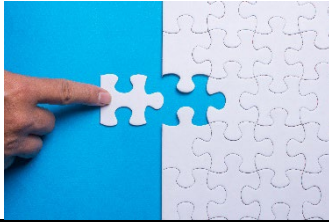


Members should call the UCare Customer Service phone number on the back of their UCare member ID card to find out about the car seat partner in their area.

MSC+ AND MSHO NEWS

Monthly Supplemental Benefit Highlight

Member Kits Available to MSC+ and MSHO Members



[Adult Dental Kit](#) – Available to all MSHO members

[Medication Toolkit](#) – Available to all MSHO members

[Memory Support Kit](#) – Available to MSHO with a dementia diagnosis

[Stress and Anxiety Kit](#) – Available to MSHO members with anxiety or trouble managing stress

[Strong and Stable Kit](#) – Available to all MSC+ and MSHO members

Avoiding Duplication of Services:

Reemo Smartwatch vs Elderly Waiver (EW) Personal Emergency Response System (PERS)

Care coordinators should review supplemental benefits available to members before authorizing EW services. All MSHO members needing PERS services are eligible for the Reemo smartwatch, which has a PERS functionality. Care coordinators can order a Reemo smartwatch using the [Reemo Smartwatch and/or Blood Pressure Monitor Order Form](#).

Care coordinators should also consider the potential for duplication of services for members receiving a Reemo smartwatch under the MSHO supplemental benefit and PERS services from another provider under EW. When the member needs both services, it is best practice to document the need for a Reemo smartwatch and PERS services under EW. If the Reemo activity tracker can meet the member's needs, the care coordinator should not authorize PERS services under EW.

Reemo is a DHS-enrolled EW PERS service provider. MSC+ members opened to EW with an identified need for PERS services may receive a Reemo smartwatch through their EW benefit. The care coordinator completes a referral with Reemo directly and indicates Reemo on the [Waiver Service Approval Form](#).



Community First Services and Supports (CFSS) Care Coordinator Training

DHS has prepared several interactive videos to learn more about CFSS. All MSC+/MSHO care coordinators should complete the Community First Services and Supports (CFSS) for Lead Agencies training courses (Course Code: CFSS_LA) in [TrainLink](#) prior to October 1, 2024.

This training will provide care coordinators an overview of CFSS and the approval process of the service delivery plan. Care coordinators can also learn more about CFSS by visiting the [DHS Programs and Services Page](#).

DHS posted the final version of the [CFSS Policy Manual](#). Care coordinators should review the CFSS Policy Manual before Oct 1, 2024. For more information see the [August 27, 2024 eList announcement](#).

QUALITY REVIEW CORNER



Thank you to all the delegates who participated in the 2024 Quality Reviews. Below are some 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!

Notable Highlights

- ★ **Becker County:** Copies of Advance Directives are provided to members who do not have them in place.
- ★ **Lac Qui Parle County:** Care coordinators documented that they reviewed supplemental benefits at the mid-year review and at other times between required contact.
- ★ **Fairview Partners:** At every annual assessment, care coordinators completed a medication reconciliation and a medication risk assessment with the member. In addition, they evaluated whether a referral to MTM (Medication Therapy Management) was appropriate.
- ★ **Houston County:** The care coordinators documented follow-up on UCare's Gaps in Care report in members' case notes.

Care Coordination Trends & Tips

The Quality Review Team analyzes the overall trends found in the 2024 quality reviews. Monthly, opportunities for improvement are presented to provide care coordinators with guidance on improving care coordination compliance based on identified trends during quality reviews.

Signing Care Coordinator (CC) Credentials Legibly

All care coordinators (CCs) must meet the professional requirements for care coordination and sign off on each member's support plan, including the appropriate credentials. This can be done directly in the MnCHOICES wet signature box or by printing the signature section when mailing to the member and hand-writing CC's signature and credentials before attaching it to the support plan.

For additional information on the professional requirements of a care coordinator and what credentials to use, refer to the [Care Coordination Manual Part 1: Overview of Care Coordination](#).

DHS UPDATES

Assessment Interview Time: New Process

To inform mentors of a process change for documenting assessment interview time within the revised MnCHOICES Assessment. Mentors must inform users at their agency of the new policy and procedure taking effect on September 1st.

Reason for the change:

The County State Workgroup (CSWG) and DHS determined that tracking the intake and assessment activity time beyond the assessment interview time is necessary. DHS will use the data collected to better understand how long the assessment process takes and to inform additional strategies to streamline processes.

User instructions:

Lead agency users who conduct MnCHOICES Assessments must review the Tracking Assessment Completion Time policy and procedure document. The "Assessment interview time" fields within the MnCHOICES

Assessment will be repurposed to document the total time of the assessment process, which will align with intake and assessment activities taken from the Social Service Time Study (SSTS).

This new process will take effect on September 1st.

MHCP Provider Update: Paid Caregivers

Effective 10/1/2024, family members can serve as paid Personal Care Assistants (PCA) and Community First Services and Supports (CFSS) workers for MHCP enrolled members. This change will allow spouses to be paid caregivers and align with the CFSS model for a smooth transition of services.

Behavioral Health Home (BHH) Update

DHS updated the MHCP Provider Manual effective August 1st, 2024, to modify the non-covered service section under Behavioral Health Home (BHH) Services. Moving Home Minnesota (MHM) has been removed from the list of duplicative services and no longer excludes individuals from accessing BHH due to MHM participation.

Aging and Adult Services: Training and Webinars

AASD and the Minnesota Board on Aging offer online courses and training materials for staff from counties, tribal nations, managed care organizations, providers, and other interested parties about how to better serve and support older adults. Some trainings offered include Mandated Reporter Training and Elderly Waiver Foundations Series.

All courses are available in TrainLink's Older Adult Programs Learning Center.

For additional information, refer to [DHS-AASD](#).

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](#). Refer a member to the KYC team by calling 612-676-3438 or emailing KeepYourCoverage@ucare.org.

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 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 protected health information **must** be sent using secure messaging. There may be times **when** UCare is not able 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 use [UCare's Secure Email Message Center](#) to create a secure email account.

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.