

Care Coordination News

April 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 Teams at:

- **MSC+/MSHO** MSC_MSHO_Clinicalliaison@ucare.org or by phone: 612-294-5045
- **Connect/Connect + Medicare**: SNBCClinicalliaison@ucare.org or by phone: 612-676-6625

Enrollment related questions can be directed to:

- **MSC+/MSHO enrollment** at 612-676-6622 or by email CMIntake@ucare.org
- **UCare 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 are required to participate in the Quarterly All Care Coordination Meetings presented live or 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	Quarterly All Care Coordination Meeting (Live)	June 11 th , 2024, 9 am – 12 pm September 10 th , 2024, 9 am – 12 pm December 10 th , 2024, 9 am – 12 pm
MSC+/MSHO and Connect/Connect + Medicare	CEU Event (optional)	May (Dates to come) August (Dates to come) November (Dates to come)
MSC+/MSHO	Clinical Liaison Office Hours (optional)	April 23 rd , 2024, 12:30 pm-1:30 pm July 23 rd , 2024, 12:30 pm-1:30 pm Oct 22 nd , 2024, 12:30 pm-1:30 pm
Connect/Connect + Medicare	Clinical Liaison Office Hours (optional)	April 23 rd , 2024, 11:30 am – 12:30 pm July 23 rd , 2024, 11:30 am – 12:30 pm Oct 22 nd , 2024, 11:30 am – 12:30 pm
MSC+/MSHO	Housing Office Hours (optional)	3 rd Wednesday of every month *Starting April 17 th from 1 pm-2 pm
Connect/Connect + Medicare	Housing Office Hours (optional)	1 st Wednesday of every month *Starting April 3 rd from 1 pm-2 pm



[Click here](#) to register for the April Connect/Connect + Medicare Office Hours.

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

[Click here](#) to register for April Connect/Connect + Medicare Housing Office Hours

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

ALL CARE COORDINATION NEWS



New on the Care Coordination and Care Management Website

All products

- SOGI-Introduction to Language and Terminology
- MSHO, ISNP, Connect + Medicare Model of Care Recorded Training
- Transportation – Medical Job Aid (Revised 3/5/24)
- Death Notification Form (Revised 3/27/24)

MSC+/MSHO

- EW Provider Support Plan Cover Letter (Revised 3/4/24)
- EW Provider Support Plan Summary Letter (Revised 3/4/24)
- PCP/ICT Fax Support Plan Cover Sheet (Revised 3/4/24)
- PCP/ICT Support Plan Cover Letter (Revised 3/4/24)
- Assessment Checklist MnCHOICES (New 3/1/24)
- New Hire Training Guide (Revised 3/12/24)

Coming soon

- 2024 Supplemental Benefit Training
- Medicare/Medicaid 101 Video Training

MnCHOICES Rolling Launch Updates

Rolling launch expectations



As phase three of the rolling MnCHOICES launch began on April 1, ALL NEW MEMBER assessments are now required to be completed in Revised MnCHOICES. All care coordinators should now be completing assessments and support plans in the production environment. It remains vital to continue practicing in the [MnCHOICES Training Zone \(MTZ\)](#) throughout this phase.

DHS will deactivate the legacy systems at the end of the rolling launch. Effective Oct. 1, 2024, users will no longer be able to access the legacy systems.

For more information, refer to the [full announcement](#): Phase 3 of the MnCHOICES revision launch will begin on April 1, 2024.

Large updates/fixes

Mentors and care coordinators may have seen the DHS email on March 11th that noted upcoming sizeable releases with fixes to known issues in Revised MnCHOICES. Large fixes are expected to continue over the next couple of patches. Mentors will continue to receive detailed notes to share with appropriate staff.

Recertifications

For many MnCHOICES Certified Assessors, recertifications are coming due! DHS has defined the requirements for recertification as follows:

1. Recertification is required every three years by statute
 - a. Forty-five (45) continued learning units (CLUs) are required during the three-year recertification period

- b. At least twelve (12) of the forty-five (45) CLUs must apply to improving the Certified Assessor's person-centered practice
2. The definition of a continued learning unit (CLU), is an activity that:
- a. Improves the practice of a Certified Assessor to:
 - i. Conduct person-centered needs assessment interviews;
 - ii. Develop person-centered support plans; or
 - iii. Participate as a valued member of a multidisciplinary team

IMPORTANT STEP: When it is time to recertify, complete TrainLink course **MNCH 8020** for instructions on how to recertify and enter CLU's. Coursework and logging of CLUs can be started at any time prior to certification expiring. Getting a head start will save time later.

Staff Assignment: When to Choose Certified Assessor

As a reminder, when assigning staff to a member in MnCHOICES, the assignment type must be the role the care coordinator has with that specific member. This means, a care coordinator may be a Certified Assessor, but the assignment type "Certified Assessor" may not always be appropriate. For example, when a member is on a disability waiver, the county case manager will be the one completing the MnCHOICES Assessment and will assign themselves as the "Certified Assessor." The care coordinator would be completing the HRA-MCO, thus assigning themselves as care coordinator accordingly. Incorrectly using Certified Assessor will create workflow barriers for the county case manager, as there can only be one certified assessor at a time.

People Powered Moments!

UCare believes care coordination makes a difference in the lives of members we serve. We want to celebrate the stories you share! Thank you to Des Moines Valley Health and Human Services (DVHHS) for your work with members. This story warms our hearts and demonstrates how supplemental benefits can impact member's quality of life!

DVHSS Care Coordinator, Krsytal Preuss recently shared:



"I made a referral for a member in the nursing home to receive a GrandPad. Originally, the member was using it to facetime with her daughter. As she became more comfortable with the device, the member opened up to using it for weather checks, games, etc. The best event she shared was using the GrandPad to attend her son's wedding virtually! The member was so excited to feel a part of his special day and for getting to see her son's wedding LIVE. Thank you for this incredible supplemental benefit!"

If care coordinators would like to share a story, click the link for the [People Powered Moments Form](#) located on the Care Coordination homepage.

Recorded Trainings – Good News!



UCare offers a variety of recorded trainings to enhance the care coordinator’s knowledge. The most recent training is titled Sexual Orientation and Gender Identity (SOGI), an Introduction to Language and Terminology. Following the training, it was communicated that a recording would not be available due to barriers to sharing TEAMS content outside of the organization. Thankfully, a solution has been established and the recording has been posted to the “[Meetings and Trainings](#)” page on the Care Coordination Website. UCare is excited about the ability to share more recordings in the future!

Important Reminder: The SOGI training was presented as a CEU. However, UCare can only attest and provide certificates to those who attended the live training.

Connect + Medicare & MSHO Supplemental Benefit Highlight

Healthy Benefits + Grocery Allowance Transportation

As highlighted in the March Care Coordination Newsletter, MSHO and Connect + Medicare members with a diagnosis of hypertension, diabetes, congestive heart failure, or ischemic heart disease documented in UCare claims, qualify for a monthly cash allowance to purchase select healthy foods. Members eligible for the Healthy Benefits Food Allowance also qualify for one round-trip ride per week to a participating Healthy Benefits+ grocery store site.

To access the supplemental transportation benefits, care coordinators (CC) verify eligibility using the most recent eligibility list provided by UCare and confirm that the member has an activated Healthy Benefits+ Visa card. Working with the member by providing education on benefits and determining the member’s preferred grocery store locations, the CC then submits the [Healthy Food Allowance Authorization electronic form](#), located on the Care Coordination website under [Benefits, Perks & Member Handouts](#). The [Healthy Benefits Store Locator](#) can be used to validate store locations.



Once authorized, a member or CC may request grocery transportation through UCare’s Health Ride at least three days in advance of the need. Same day grocery store requests are not allowed. Rides may be pre-booked on a routine basis. A bus pass is the preferred option if available, as it can provide greater flexibility for members. If requesting a bus pass, allow up to 14 days for shipping and handling prior to scheduling a ride.

Members can receive up to one round trip ride per week to eligible grocery stores. Submitted authorizations are valid for up to two preferred grocery store locations within 30 miles of the member’s address and are valid for up to one year. If a member wishes to update the preferred grocery store locations, a new authorization must be submitted by the member’s care coordinator. A member’s UCare benefit must be active to access the transportation benefit. Lastly, this benefit is available to members without their own vehicle.

Reference: [Additional & Supplemental Benefits: Connect and Connect + Medicare](#)
[Additional & Supplemental Benefits: MSC+ and MSHO](#)

Reemo Referrals

Reemo has reported that they experienced a technical issue the first week of March, which may have resulted in Reemo not receiving some of the referral forms submitted through the ucare@reemohealth.com email address. If a care coordinator submitted a referral form the first week of March to this email address, and has yet to receive communication from Reemo, please reach out to Reemo to verify it was received and resubmit if necessary.

Medicaid Formulary – GLP1/diabetes Drugs PA Requirement



Starting 3/15/2024, the Medicaid formulary includes a prior authorization requirement for GLP-1/diabetes drugs (hypoglycemics) including: Bydureon, Byetta, Janumet, Januvia, Jentadueto, Kombiglyze XR, Onglyza, Symlin, Tradjenta, and Victoza.

This new prior authorization requires that these drugs are being used for an FDA approved indication (type 2 diabetes in almost all cases). Prior authorizations (PA) will not be required for members with a diagnosis of type 2 diabetes in medical claims. However, a PA will be required for all other diagnoses not approved for use by the FDA. Letters have been sent to members advising them to talk with their medical provider to see if an alternative drug is right for them or to have their provider send a prior authorization request.

CONNECT AND CONNECT + MEDICARE NEWS

Connect and Connect + Medicare Authorization of Home Care Services

UCare's authorization process does not require care coordinators to submit documentation to UCare to proceed with home care services paid for by Medical Assistance (MA). However, it is important to be aware of the process and involved in the member's service planning needs. The care coordinator's role includes educating members, waiver case managers, home care agencies, etc., on eligible benefits and ways to access supports and services. Collaboration between the waiver case manager and care coordinator ensures the member has a team working together to find the right care at the right time, avoids delays in authorizations and prevents duplication of services. Care coordinators and waiver case managers use the DHS-5841 to communicate and authorize state plan services such as skilled nursing visits or home health aide.

[UCare's Connect/Connect + Medicare MA home care authorization process:](#)

Members open to a disability waiver:

The waiver case manager faxes the DHS-5841 to CLS Intake at 612-884-2499 and shares it with the care coordinator (CC) for communication purposes. The care coordinator can initiate services by sending the DHS-5841 to the waiver case manager who will approve/deny and send to CLS intake as appropriate.

Members NOT open to a disability waiver:

The in-network home care provider submits the [Universal Home Health Form](#) from the UCare website via fax to 612-884-2499 or email at hcm_fax@ucare.org. The care coordinator can initiate services by reaching out to the UCare in-network home care agency to make a referral for home care services.

Members with non-integrated Medicare primary insurance:

Members eligible for Home Care Services through the Medicare benefit do not require UCare authorization as the member's Medicare insurance carrier is responsible for initial claims payment. UCare will coordinate benefits with Medicare insurance to pay co-payments for covered Medicare services.

NOTE: A medical provider face-to-face visit along with a provider's order are required prior to beginning home care services.

Asthma and Allergies

The UCare asthma education program for members up to age 64 addresses allergies and helps guide members through allergy seasons. Not all asthmatics have allergies, but asthma and allergies often occur together. Allergens can cause airway inflammation leading to an increase in asthma flare ups. Spring, summer, and fall are seasons when an increase in allergies can be seen.

Telephonic education calls with an asthma educator help members identify allergens that trigger asthma symptoms and provide tips to help decrease exposure. An experienced registered nurse and a registered respiratory therapist, nationally certified in asthma, work as a team to increase the member's knowledge about asthma. The team's focus is to support the member in asthma self-management.

UCare is also partnering with Cecelia Health to assist members with asthma self-management. Cecelia Health's respiratory therapists are available 8 AM to 8 PM Monday through Friday and Saturday from 9 AM to 4 PM. Evening and weekend hours provide flexibility for member program participation.

Disease Management (DM) Referrals

Referrals can be sent to:

- **DM Email:** Disease_mgmt2@ucare.org
- **DM Voicemail:** 612-294-6539 or 866-863-8303
- **DM Referral Forms:** [Disease Management Referral Form](#)

When a referral is received, the DM program coordinator identifies the appropriate asthma program, reviews member eligibility, facilitates program enrollment, and follows up regarding the referral outcome.

News U Can Use

Senior Linkage Line

Members of any age may benefit from utilizing the Senior Linkage Line (SLL). Although the name may cause some confusion about the population served, Senior Linkage Line will work with members under age 65 as well. When it comes to enrolling in Medicare, understanding coordination of benefits, changing Part D plans and many other topics, members may benefit from calling the Senior Linkage Line as they are considered the Medicare experts. The Senior Linkage Line can be reached at 1-800-333-2433.

MSC+ AND MSHO NEWS

Consumer Directed Community Supports (CDCS) Reminders

CDCS is a service option available to members open to the Elderly Waiver (EW). CDCS gives members flexibility in service planning and responsibility for self-directing services, including hiring and managing support workers. CDCS may include traditional services and goods, as well as self-designed services. DHS has information on eligibility, process and procedure, budgets, service categories, allowable/unallowable goods and services and involuntary exit in the [CDCS Policy Manual](#).



As with all services authorized under EW, the services must also meet the criteria outlined in the services section on the [Waiver and Alternative Care programs overview page](#) in the Community-Based Services Manual (CBSM). If the member requests a service or support that is not a covered benefit, the care coordinator should complete a denial using the [UCare Waiver DTR form](#).

Approving Durable Medical Equipment (DME) and Supplies under Elderly Waiver

Medicare/Medicaid Eligible DME

If the MSC+/MSHO member qualifies for a DME item under the member's medical benefit, the requested item must be submitted by the DME provider. It is the responsibility of the UCare contracted DME provider to obtain the supporting medical necessity documentation and when applicable, submit a prior authorization to UCare for review in accordance with the [UCare 2024 authorization grid](#). If a care coordinator is uncertain if a DME item should be covered under the member's medical benefit, the care coordinator can review the [DHS Medical Supply Coverage Guide](#) and/or the [Equipment and Supplies page](#) in the MHCP Provider Manual.

Elderly Waiver & Durable Medical Equipment (DME)

Care coordinators utilize the [T2029 Equipment and Supplies Waiver Service Approval Form](#) when approving services that do not meet medical necessity DME guidelines. As a reminder, the [CBSM page for specialized equipment and supplies](#) includes the following eligibility criteria:

- A member is eligible to receive specialized equipment and supplies if the item allows the person to do one of the following:
 - Communicate with others
 - Perceive, control or interact with their environment
 - Perform activities of daily living (ADLs)



The T2029 Equipment and Supplies Waiver Service Approval Form is on the UCare website under [Care Coordination Resources](#). Please provide a thorough explanation to support the supply and equipment request, including a qualifying diagnosis and justification for the item in the notes section of the form prior to submission to CLS Intake. Including detailed information on the T2029 Equipment and Supplies Waiver Service Approval Form will help prevent delays in service delivery, reduce care coordinator outreach, and improve member and provider experience with UCare.

If a T2029 Equipment and Supplies Waiver Service Approval Form is received at UCare and additional information is required prior to processing, UCare may reach out to the care coordinator for additional information to verify the appropriate payor source.

Please reach out to the Clinical Liaisons at MSC_MSHO_ClinicalLiaison@ucare.org with questions.

MSHO GrandPad Benefit



GrandPad is an electronic tablet offered to MSHO members with a depression diagnosis. It's specially designed to help members stay connected and feel less isolated. GrandPad comes complete with everything the member needs to connect with caregivers and family, plus the service to support connections. GrandPad lets members:

- Keep in touch through voice or video calls without the need for Wi-Fi
- Tune into favorite AM/FM station or search for favorite songs
- Type messages or send hassle-free voice recorded messages to loved ones
- Connect with a GrandPad customer service specialist to answer questions
- and much more!

Care Coordinators may use the [GrandPad Order Form](#) located within the Benefits, Perks, and Member Handouts spark, MSHO Supplemental Benefits Forms on the Care Coordination website to refer eligible members. To verify eligibility, refer to the most recent GrandPad Eligibility Report provided by UCare.

QUALITY REVIEW CORNER



UCare's Quality Review Team would like to thank all delegates who have participated in the 2023 Quality Reviews. Highlighted 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!

Connect/Connect+ Medicare

- ★ **Freeborn County:** Case notes demonstrated that care coordinators frequently try to engage unable to reach or refusal members by offering a Health Risk Assessment and providing assistance to members with a variety of other needs.
- ★ **Todd County:** Care coordinators consistently provided the How to Safely Dispose of Medications and Health Care Directive forms to unable to reach and refusal members.

MSC+/MSHO

- ★ **Freeborn County:** Care coordinators included clear and detailed notes in the My Health section of the Support Plan that provided necessary information.
- ★ **Todd County:** Care coordinators had frequent contact with members before, during, and after annual assessments to assist them with their needs.
- ★ **Blue Earth County:** Care coordinators contacted members if Medical Assistance (MA) was terming and provided direction and/or assistance to renew MA.
- ★ **Cass County:** It was well documented that copies of Advance Directives were offered to members when one was not already in place.

Transition of Care Audit

Thank you to all delegates for participating in this year's Transition of Care (TOC) Audit of 2023 transitions. Care coordinators demonstrated excellent work in assisting members through transitions!

Number of transitions audited for the year 2023:

314 MSC+; **1273** MSHO; **860** Connect; **458** Connect+ Medicare.

TOC Reminders

- ★ Complete a TOC Log in its entirety for MSHO and Connect + Medicare member transitions.
- ★ Contact the member/representative with every transition.
- ★ Notify Primary Care Provider of member transitions within one business day of the notification.
- ★ Share the Support Plan with the receiving setting within one business day of notification of transition, including upon return to the usual care setting.
- ★ Complete 4 Pillars of Optimal Transition upon return to the member's usual care setting. When marking "No" to one of the 4 Pillars, provide an explanation in the comments.
- ★ Update the Support Plan if there have been changes to the member's services, goals, and/or needs.

New TOC resources can be found on the CC website:

**New
Resources!**

[TOC Recorded Training](#) and [TOC Scenarios](#).

DHS NEWS AND UPDATES

Webinar Announcement: Advancing Your Skills: Enhancing Support Plans

Join DHS for the Advancing Your Skills: Enhancing Support Plans webinar series. Each webinar will focus on advanced topics related to support planning. Sessions will include current information and resources about support planning from the Aging and Adult Services (AASD) and Disability Services (DSD) divisions.

DHS will create online self-paced training modules about support planning from our 2024 webinars. We will use participant feedback to update and clarify past topics.

For more information on this three part series: [Webinar announcement: Advancing Your Skills: Enhancing Support Plans \(state.mn.us\)](#)

AASD and DSD Will No Longer Accept Questions Through PolicyQuest

- **Audience:** Lead agencies that use PolicyQuest
- **Effective date:** March 13, 2024
- **Summary:** Effective March 13, 2024, lead agencies can no longer submit questions to AASD and DSD through PolicyQuest. Other DHS divisions will continue to use PolicyQuest.

REMINDERS

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 be confirming members' primary care clinics and completing 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 they are 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 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 via [UCare's Secure email Message Center](#). UCare is not able to open secure third-party emails. Care Coordinators can create a secure email account using this [link](#).

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.