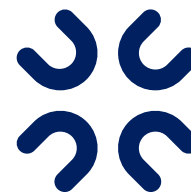


# Care Coordination News

September 2025



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** by email [CMIntake@ucare.org](mailto:CMIntake@ucare.org)
- **UCare Connect/Connect+ Medicare enrollment** by email at [connectintake@ucare.org](mailto:connectintake@ucare.org)

## 2025 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, presented live or via recorded WebEx. An electronic verification is needed when viewing the recorded Quarterly All Care Coordination Meeting. CEU events and office hours are optional.

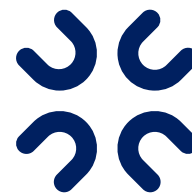
UCare Product	Meeting Type	Date & Time (Subject to change)
MSC+/MSHO and Connect/Connect + Medicare	Live Quarterly All Care Coordination Meeting	September 11, 2025, 9 am-11 am December 11, 2025, 9 am-12 pm
MSC+/MSHO and Connect/Connect + Medicare	CEU Event (optional)	November 4 & 6: Care Coordination Learning Day!
MSC+/MSHO	Clinical Liaison Office Hours (optional)	October 23, 2025, 11 am-12 pm
Connect/Connect + Medicare	Clinical Liaison Office Hours (optional)	October 23, 2025, 12:30 pm-1:30 pm
MSC+/MSHO and Connect/Connect + Medicare	Housing Office Hours (optional)	3 <sup>rd</sup> Wednesday of every month from 1 pm-1:30 pm



[Click here](#) to register for the 3<sup>rd</sup> Quarterly All Care Coordination Meeting

[Click here](#) to register for the September Housing Office Hours

## ALL CARE COORDINATION NEWS



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

#### All products

- Preventative Care and Chronic Condition Management Training Webinars (New 8/20/25)
- Transportation-Medical Job Aid (Revised 8/8/25)
- Support Plan Letter (Revised 8/8/25)
- Support Plan Signature Letter (Revised 8/8/25)

#### MSC+/MSHO

- GrandPad in 10 mins: Benefit Overview Recorded Webinar (New 8/12/25)
- GrandPad Order Form (Revised 7/30/25)
- Assessment Checklist (Revised 8/28/25)
- 2025 Additional & Supplemental Benefits: MSC+ and MSHO (Revised 8/19/25)
- EW Budget Tool (Revised 8/8/25)
- CFSS Care Coordination Guidelines (Revised 8/28/25)
- CFSS FAQ (Revised 8/6/25)
- PCA/CFSS Communication Form and Instructions (Revised 8/12/25)

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### 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! Thank you to Brianna Portner, Care Coordinator from Lutheran Social Services, for sharing this wonderful story:



"During a mid-year check-in this past week, I had a member break down in tears of gratitude. As her Care Coordinator, being a witness to the changes she has made over the past three years has been nothing short of encouraging. When I first started working with her, she shared that she lacked motivation and was dealing with feelings of hopelessness. Due to several complex health issues, she struggled to get even one or two hundred steps in a day. She simply could not get out of bed, nor could she parent her child. Together, we worked to come up with a plan to identify

activities she enjoys and would have the physical ability to engage in. We ordered a fitness kit, which included the activity tracker watch. Since developing a goal to engage in just five minutes of activity a day, the member has now reached over 1500 steps per day. While that may seem minimal, it is a HUGE accomplishment for her. She reports that being able to track her activity has been a huge motivator, along with regular check-ins with me. We also worked together to find a mental health professional that she felt comfortable with, after having one too many negative experiences. With the help of UCare's Mental Health Access team, this member established care with a provider via telehealth and regularly attends her weekly appointments. She is now considering exploring Community Education classes, which is something she would have never had the desire to do. She reports an increase in energy, improved sleep, and improved relationships with her son and spouse.

This served as a reminder to me that sometimes baby steps are more fruitful than giant leaps. Meeting the member where she was at and truly listening to her - helped empower her over time."

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

### Virtual Care Coordination Learning Day

Join DHS virtually for a two-day event with presentations to support Care Coordinators in their daily work.

When: Tuesday, November 4, 2025, 8:30 am-12:00 pm  
&  
Thursday, November 6, 2025, 12:00 pm-3:30 pm



Click [HERE](#) to register for this event, and to receive session descriptions, times and session links. Please note: Care Coordinators only need to register once, even if they provide care coordination for multiple MCOS.



### Requesting Bus Passes Through Health Ride

Health Ride recently created a new Microsoft Form for Care Coordinators to request Bus Passes for members instead of having to call in to Health Ride to order. The new form can be found [here](#).

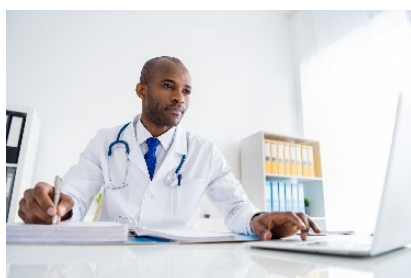
### Biosimilar Formulary Addition

Steqeyma (90mg strength) will be added to the formulary on 8/1/2025 for all UCare Medicare, **UCare MSHO, and Connect + Medicare plans**, as well as the 45mg strength to the **UCare MSHO and Connect + Medicare** formulary. Steqeyma is a lower-cost interchangeable biosimilar with the same safety and efficacy as Stelara. Interchangeable biosimilars can be automatically substituted by pharmacies in Minnesota, but pharmacies may still require a new prescription for the biosimilar. Any currently approved prior authorization for Stelara will automatically allow coverage of Steqeyma.



### Changes in Diabetic Testing Supply Coverage

Accu-Chek Guide meter and test strips have been added to the formulary for all UCare Medicare, **UCare Minnesota Senior Health Options, UCare Connect + Medicare** and UCare Individual and Family plans.



In light of recent news regarding LifeScan and the potential for supply disruptions of OneTouch products, UCare will cover 100% of the cost for the Accu-Chek Guide meter, and the test strips may offer additional savings for members with cost-sharing.

Members may want to check with their providers on prescribing the Accu-Chek Guide meter and test strips to ensure members have access to testing supplies.

## FAQs Available for Housing Stabilization Services Termination

On Friday, Aug. 1, the Minnesota Department of Human Services (DHS), on the guidance of its own DHS Office of Inspector General, [moved to terminate the Housing Stabilization Services program](#) due to large-scale fraud found by OIG's data analysis and investigatory work. DHS has compiled an [FAQ for HSS providers and members](#) that contains all of the information available at this time. Eligible HSS providers can continue to deliver services to enrolled individuals, and individuals may continue applying to enroll in the program at this time.



## Care Coordination Resource Highlight

### Care Coordination Manuals



Care coordinators encounter a wide variety of tasks and questions throughout their daily work. From benefit coverage to care coordination requirements, documentation, policy and procedures for Connect/Connect + Medicare, MSC+ and MSHO, the Care Coordination Manuals are an invaluable resource!

The Care Coordination Manual is a centralized resource that encompasses an overview of care coordination along with in-depth product-specific details in one place for easy reference. It provides clear guidance on policy and procedure, as well as best practices, so care coordinators can quickly find answers and stay confident in their daily work.

**Coming soon**, Care Coordination Manuals parts 1, 2 & 3 will be combined and will be moved from the Care Coordination and Care Management Policy and Manual spark to the product-specific pages under the newly renamed Requirements (formerly known as Requirements Grids) drawer for easier access and to simplify navigation.



## CONNECT AND CONNECT + MEDICARE NEWS

### Special Needs BasicCare (SNBC) UCare Connect Enrollment Update Reminder



As a reminder, effective **September 1**, the UCare Connect enrollment freeze has expanded to include additional counties where there is another plan option for SNBC. This freeze includes the following counties: Aitkin, Becker, Carlton, Chippewa, Cook, Cottonwood, Crow Wing, Fillmore, Freeborn, Isanti, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Le Sueur, Lincoln, Lyon, Mahnommen, Mille Lacs, Morrison, Murray, Nicollet, Nobles, Norman, Olmsted, Red Lake, Redwood, Rice, Rock, St. Louis, Swift, Todd, Wadena, Wilkin, Yellow Medicine.

In the counties where UCare is the only Health Plan option, Connect enrollment will not be frozen. These include Blue Earth, Cass, Clay, Faribault, Houston, Itasca, Marshall, Martin, Mower, Otter Tail, Pennington, Pine, Polk, Roseau, Watonwan, and Winona.

Connect + Medicare (SNBC integrated) is **not** frozen.

## CFSS and Members Under Age 65

Occasionally, disability case managers or CFSS providers may contact SNBC care coordinators requesting involvement in authorizing CFSS through UCare. For members under the age of 65, county case managers are responsible for completing the MnCHOICES assessment and authorizing CFSS through MMIS for members on disability waivers (CADI, BI, DD, CAC) or who need CFSS only. If a CT/CT+ MED member needs to be assessed for CFSS, the CC should complete a referral to the member's county of residence human services agency. Just like PCA, CFSS is a carved-out service from MCOs for members under age 65. This means that UCare is not responsible for paying for CFSS for members enrolled in Connect or Connect + Medicare; instead, Fee for Service Medical Assistance does. Additional information regarding CT/CT+ Med members and CFSS can be found in the [CC Manual](#). A list of other carved-out services for MCOs can be found in the [DHS Provider Manual](#).



## UCare SEATS (Seats, Education and Travel Safety) Program

UCare's SEATS program provides free car seats along with installation and safety education from certified car seat technicians through trusted partners to eligible UCare members. Please continue to refer UCare members to this program.

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

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

Members may 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

### PCA Transition Extension



DHS announced on July 22<sup>nd</sup> via the [DSD eList](#) that members currently receiving PCA who do not have an approved CFSS Service Delivery Plan (SDP) before their next assessment will be able to continue receiving PCA services while they continue the transition to CFSS to avoid gaps in service.

If an assessment occurs before March 31, 2026, the CC may continue to extend PCA services in 6-month increments. After April 1, 2026, the CC may authorize PCA through September 30, 2026. All members receiving PCA must transition to CFSS by 9/30/2026.

The PCA/CFSS Communication Form has been updated to reflect 6-month increments of extension PCA. There is no longer an option to extend in 3-month increments, and care coordinators will begin



to extend in 6-month increments, as needed. This change will reduce the number of Communication Forms needed by the CC, reduce the volume of entries by the UCare intake team, and align with DHS.

As a reminder, since the PCA transition is being extended on an existing authorization, the extension will not appear on the Daily Authorization Report (DAR). Effective 9/1/25, the PCA/CFSS Intake Team will email CCs when the PCA transition extension has been entered. Members and providers will continue to receive an updated copy of the Service Authorization Letter (SAL).

### PCA/CFSS Communication Form Signature Requirement

DHS announced on the DSD eList on August 12, 2025, that the lead agency signature field has been removed from DHS-6893P CFSS Individual Service Delivery Plan.

As a result of this change, the PCA/CFSS Communication Form has been updated to include a “6893P CC Approval Signature and Date” field under the CFSS Agency and Budget model section of the form. Care coordinators should access the most current version of the PCA/CFSS Communication Form directly from the UCare Care Coordination page.

Agency Model		
6893P CC Approval Signature & Date		
CFSS agency services		
Provider name:		
Provider NPI/UMPI:	Phone number:	Fax number:

Budget Model		
6893P CC Approval Signature & Date		
Financial management service (FMS) provider		
FMS name:		
FMS NPI/UMPI:	Phone number:	Fax number:

The care coordinator must electronically sign and date the PCA/CFSS Communication Form under the model the member has elected before submitting it to [pca\\_cfss@ucare.org](mailto:pca_cfss@ucare.org) for approval of the DHS-6893P Service Delivery Plan. Any PCA/CFSS Communication Forms submitted to intake after 9/1/25 without a care coordinator signature will be returned to utilize the most current version of the document.

As indicated in the overview section of the [CFSS service delivery plan development and approval process page](#), MCOs are permitted to use alternatives to the DHS-6893W. To meet the DHS-6893W requirements, UCare utilizes the PCA/CFSS Communication form. This saves care coordinators time from having to re-enter information. UCare also sends a Service Authorization Letter (SAL) to the member and the CFSS or FMS agency, which notifies them of the authorization dates and approved units or dollars. Care coordinators upload the [PCA/CFSS Communication Form](#) received back from the CLS Intake team into MnCHOICES to ensure the consultation services provider has access to the final approved dates and units or dollar amounts.

### NEW: DHS-8477A vs DHS-6893U: What to send to members?

Previously, DHS required the DHS-8477A CFSS Fact sheet to be provided to all members transitioning to CFSS within 10 business days of the assessment. As members continue to transition to CFSS, DHS announced an additional new document, the DHS-6893U Information for people eligible for CFSS.

All members who are eligible for and select CFSS should be provided with the DHS-6893U. There may be times when the member needs to be provided with both documents. Members who are currently receiving PCA and have not yet transitioned to CFSS should be provided with both the DHS-8477A and the DHS-6893U. Both documents are available in multiple languages on [eDocs](#).

- **DHS-8477A** and **DHS-6893U**: Currently using PCA and not yet transitioned to CFSS
- **DHS-6893U**: Members new to CFSS not previously using PCA or fully transitioned to CFSS

## CFSS Authorization Processing Time



UCare continues to manage a large increase in CFSS authorization requests. With the PCA transition to CFSS, multiple authorizations are now needed for each member. Care coordinators (CCs) should allow up to 14 calendar days for processing all requests.

UCare informs the CC of the completed authorization approval and DTR's via the Daily Authorizations Report (DAR). UCare also notifies the member, Consultation Services Provider, FMS provider or PERS provider via a Service Authorization Letter (SAL), which includes authorization details. Providers begin providing services upon receiving the SAL.

### How can CCs assist with the timely processing of CFSS/PCA requests?

- Ensure that all PCA/CFSS Communication Forms are complete and accurate. All applicable information, including the required description of services, signature and date of Service Delivery Plan approval, must be included to process the request in a timely manner.
  - Do not resubmit the form if the member has not appeared on the DAR in 14 days. Submitting duplicate forms that have already been received will increase the processing time.
- If the processing time exceeds 14 days and you are inquiring about status, CCs can call: 612-676-6705 (option 2, then option 4) or email [pca\\_cfss@ucare.org](mailto:pca_cfss@ucare.org).
  - Do not include the PCA/CFSS Communication form and other attachments if requesting a status update. If the request was not received, UCare will then ask for this information to be resubmitted and escalate processing.
  - For members whose request is to initiate services, and it has been more than 14 days, the CC can ask to escalate processing.
  - If the request is for continued services and the request is processed after the start of the new request, UCare will enter authorizations to reflect the service dates reflected on the PCA/CFSS Communication Form.

UCare appreciates the joint efforts in working through this large transition for our members. Refer to the [PCA/CFSS Communication Form](#) (Revised 8/12/2025) | [Instructions](#) (Revised 8/12/2025) for guidance.



# Happy Fall!

## QUALITY REVIEW CORNER



Thank you to all the delegates who participated in the 2025 Quality Reviews. Below are some of the highlights observed in the Quality Reviews. Watch for these shout-outs in future newsletters as best practices continue to be featured!

### All Products

- ★ **Nicollet County:** Consistently reviewed MSHO supplemental benefits and assisted members in utilizing the Healthy Benefits card, ordered activity trackers, and called UCare and/or financial workers with the member to confirm benefits or address questions.
- ★ **Blue Earth County:** Several files documented coordination of care and member support throughout transitions. In one file, the member refused to leave the hospital and filed an appeal. The CC took the initiative to visit the member in person, explained why this specific TCU was needed, and the member agreed to be transferred.
- ★ **Becker County:** Care coordinators consistently documented that the member was involved in the support plan process. The members discussed and decided on goals, showing a person-centered approach.
- ★ **Todd County:** Care coordinators provided detailed documentation on HRAs about each of the preventative care exams, screenings, and vaccinations that were up-to-date or not up-to-date, the ones that needed goals and the ones for which goals were declined.

### Care Coordination Trends & Tips

The Quality Review Team analyzes overall trends in the quality reviews. Quarterly, an opportunity for improvement trend will be presented to care coordinators to provide guidance on improving care coordination compliance.

#### Support Plan Signature Sheet

At the time of an assessment, the CC is required to obtain a support plan signature from the member/representative using the e-signature within MnCHOICES. DHS has advised that the support plan signature sheet (DHS-6791D version with choice bubbles, available in the MnCHOICES Help Center) only be used as a last resort. When a member cannot use the signature feature built into MnCHOICES, the signature section from the MnCHOICES Support Plan should be printed before the assessment for signing or mailed to the member post-assessment.

- If the signature is not returned when closing the support plan, attach a copy of the blank version mailed to the member and signed by the care coordinator.
- A minimum of two attempts to get a member's signature is required. The second attempt must be within two weeks of the first attempt. Document all attempts to get the member's signature in the member record.
- If the signature page is returned after the support plan is closed, revise the support plan and attach the completed signature page.

For additional information on obtaining a member signature, refer to the [MnCHOICES Guidance](#) document available under Job Aids and Resources.



### Revising Support Plans at Mid-Year

Care coordinators are required to maintain ongoing contact or check-in with the member/representative mid-year at a minimum to update the support plan. Document the “monitoring of progress” by revising the support plan within MnCHOICES, found under the ‘My Goals’ section of the Support Plan. At the Mid-Year, each goal must have the following areas updated:

- Monitoring progress (goal update)
- Status of goal
- Status date
- Target date should be adjusted if the target date has been surpassed/exceeded

The support plan must always include one high-priority, in-progress goal. If all goals are achieved or discontinued, a new high-priority goal must be added.

## DHS NEWS AND UPDATES

### August 2025 MnCHOICES Release Summary

Purpose: To provide MnCHOICES mentors and users with the following update and release summary. Resolved Current Functionality items: Fixed in the release (3 fixes, which include one critical functionality item)

- MnCHOICES assessment: Assessment results heading-Description: The eating dependency criteria for CFSS incorrectly showed as not met when a person 18 years old and older needs tube feeding (any frequency) and the response to eating/nutrition consumption was "Needs close monitoring due to choking risk, or supervision throughout," "Physical assistance from another person" or "Someone else needs to provide nutrition to the person." In these cases, the dependency should have shown as met. [DHS ID 187985]
  - ❖ **Changes made:** The eating dependency criteria for CFSS will now show as met for a person 18 years old and older who needs tube feeding (any frequency) and the response to eating/nutrition consumption is "Needs close monitoring due to choking risk, or supervision throughout," "Physical assistance from another person" or "Someone else needs to provide nutrition to the person."
- MnCHOICES assessment: Assessment results heading-Description: When a user selects "Has a clinical monitoring plan" for the clinical monitoring item in the health interventions section of the MnCHOICES assessment under wellbeing, the select the frequency of monitoring field appears. This field is shown to be required, but a user could bypass this field and still meet completion requirements, get assessment results and move the assessment to the approved by MMIS status. [DHS ID 191282 – This is a critical functionality item].
  - ❖ **Changes made:** The select the frequency of monitoring field is now properly enforced as a required field. Users can no longer bypass it; the assessment will not meet completion requirements, generate assessment results, or move to the Approved by MMIS status unless a valid frequency is selected.
- Support plan heading-Description: When a person's total CFSS time was reduced because of an annual reassessment and the total CFSS minutes planned for an alternative service in the previous support plan was higher than the total CFSS time that should have been in the revised support plan, the system tried to populate the revised support plan with the larger value for

which the person was no longer eligible. This created an error that did not allow a user to move the revised support plan past the In-progress status. [DHS ID 187987]

- ❖ **Changes made:** When a reassessment is completed, users can now revise their support plan by selecting "Annual/Reassessment" as the revision reason. Upon moving the support plan to the "In Progress – Assessment Complete" status, the system will pull in the updated assessment information, including the new CFSS amounts. The "Total CFSS minutes planned for an alternative service" field will not carry over from the previous support plan, as these values may change from one span to the next.

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