

Care Coordination News

July 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 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** by email CMIntake@ucare.org
- **UCare Connect/Connect+ Medicare enrollment** by email at 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-12 pm December 11, 2025, 9 am-12 pm
MSC+/MSHO and Connect/Connect + Medicare	CEU Event (optional)	August (Dates to come) November (Dates to come)
MSC+/MSHO	Clinical Liaison Office Hours (optional)	July 24, 2025, 11 am-12 pm October 23, 2025, 11 am-12 pm
Connect/Connect + Medicare	Clinical Liaison Office Hours (optional)	July 24, 2025, 12:30 pm-1:30 pm October 23, 2025, 12:30 pm-1:30 pm
MSC+/MSHO and Connect/Connect + Medicare	Housing Office Hours (optional)	3 rd Wednesday of every month from 1 pm-1:30 pm



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

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

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

ALL CARE COORDINATION NEWS



New on the Care Coordination and Care Management Website

All products

- 2nd Quarterly All Care Coordination Meeting Recording, PPT and Attendance Log
- Alert – 7/1/25 Requirements Grids Draft
- Benefits by Condition (Revised 6/10/25)
- MnCHOICES Guidance (Revised 6/20/25)
- Transportation – Medical Job Aid (Revised 6/6/25)

MSC+/MSHO

- Assessment Checklist (Revised 6/30/25)
- In-Person Assessments Process Flow (Revised 6/12/25)
- Adult Day Services Benefit Guidelines (New 6/18/25)
- Homemaker Service Benefit Guidelines (Revised 6/4/25)
- ICLS Benefit Guidelines (New 6/5/25)
- Member Guide to CDCS (New 6/9/25)
- CFSS Assessment Guidelines (New 6/24/25)
- CFSS Care Coordination Guidelines (Revised 6/30/25)
- MSC+ and MSHO CFSS Assessment Training (6/24/25)
- Transfer Member Job Aid (Revised 6/30/25)

Connect/Connect+ Medicare

- Assessment Checklist (Revised 6/3/25)
- New Member Process Flow (Revised 6/10/25)
- Transfer Member Process Flow (Revised 6/10/25)

7/1/25 Requirements Grids



UCare shared the latest Requirements Grid Drafts on 6/2/25. All changes noted in the grids will be effective 7/1/25. Draft grids will be reviewed and revised as appropriate before posting to the care coordination website.

Some notable changes are outlined below:

Connect/Connect + Medicare

- Defined actionable attempts vs. outreach attempts and updated frequency of contacts
- Created an “other waivers” section and clarified dual roles
- In-person assessment requirements

MSC+/MSHO

- Added CFSS section
- Updated EW provider signature process
- Initial EW assessments are valid for 365 days
- BHH/transitions
- Update to actionable attempts
- DTR for supplemental benefits and ILOS

For additional details, refer to the full [alert](#) sent with the Requirements Grid Drafts on 6/2/25.

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 Trista Olmstead of Olmsted County for sharing your People Powered Moment!



Trista spoke with a member for their mid-year review. The member shared her only "complaint" with UCare is that she doesn't have a way of expressing her gratitude for the Healthy Benefits. She wanted UCare to know how much she appreciates that particular benefit and that it is a lifesaver having a little extra to spend on groceries and utilities each month.

Thank you for sharing the members' gratitude for supplemental benefits! Keep reading the July Newsletter for more ways UCare helps members address food insecurity. If care coordinators want to share a story, click the [People Powered Moments Form](#) link on the Care Coordination homepage.

Food Access Referrals

UCare partners with Second Harvest Heartland to connect PMAP, **UCare Connect, Connect + Medicare, MSHO and MSC+**, MinnesotaCare, Individual Family Plans, EssentiaCare, UCare Medicare with M Health Fairview & North Memorial, UCare Medicare, UCare Medicare PPO members with local food resources. Through this partnership, members can receive over-the-phone help to apply for Supplemental Nutrition Assistance Program (SNAP) benefits and find community food resources (i.e., food shelf, Fare for All, etc.).

There are two avenues for referrals for Second Harvest Heartland. The first is through Second Harvest's Care Center. Members can get help applying for SNAP benefits, finding food in their community and more. Members should be directed to reach out to SHH via:

- Calling SHH at 1-866-844-FOOD (toll free)
- Emailing shhcarecenter@2harvest.org (please do not email SHH on behalf of the member, as SHH is not able to open encrypted/secure emails through this inbox)



If a member prefers that UCare submit a referral on their behalf, referrals for Second Harvest Heartland can be emailed to wellness@ucare.org. Second Harvest Heartland will contact these members within 2-3 weeks of receiving the referral files. Due to the 2-3-week turnaround for outreach, please only send over SNAP referrals if the member states they have been unsuccessful with getting help via their own outreach to the SHH Care Center, or if they state they are not in urgent need of food and prefer that UCare sends through a referral.

Healthy Food Allowance

The following groups are eligible for the Healthy Food Allowance program. Eligible members will receive a welcome letter that includes the card used to access the benefit. The monthly allowance is pre-loaded to the UCare Healthy Benefits+ Visa® card for the following members:

- **Minnesota Senior Health Options (MSHO)**
- **UCare Connect + Medicare** members with diabetes, hypertension or lipid disorders

Eligible members using the healthy food allowance saved an average of \$438 on healthy food throughout 2024.

The monthly Healthy Food Allowance can be used to purchase approved healthy foods and produce, including fruit, vegetables, healthy grains, dairy, beans and more. These items can be purchased at participating retailers, including Cub, Hy-Vee and Walmart. Eligible members simply scan their Healthy Benefits+ Visa card or app at checkout. This allowance is effective on the first day of each month and does not roll over into the next month. Unused funds will expire at the end of the month or when the plan terminates. The allowance can't be used if you're not a current member. To learn more about the allowance, members can visit healthybenefitsplus.com/ucare or call 1-833-862-8276 (TTY 711). Members can also find more information within their UCare online member account.



Grocery Discounts



At participating grocery stores, UCare members can save on healthy foods like milk, whole-grain bread, lean meat, eggs, yogurt, fruits, vegetables, and more. Weekly discounts are pre-loaded to the UCare Healthy Benefits+ Visa® card. Members simply scan the Visa card or app at checkout to access available discounts.

To learn more, members can visit healthybenefitsplus.com/ucare or call 1-833-862-8276 (TTY 711).

Eligible plans include:

- **Connect**
- **Connect + Medicare**
- **MSHO**
- **MSC+**
- UCare Medicare (excluding UCare Medicare Supplement)
- EssentiaCare
- IFP Plans
- PMAP
- MNCare

HealthRide Update

After 6/30/25, HealthRide will no longer accept ride requests via email. As a result, the Transportation Email Request Form will be removed from the Care Coordination web page. Care coordinators are encouraged to register for and utilize the QRYde Facility Portal, which allows care coordinators to request rides online. The HealthRide phone line (612-676-6878 option 2) will remain an option for calling in requests. Rides requiring a call to HealthRide include same-day or next-day rides, rides exceeding the 30-mile limit for primary/60-mile limit for specialty appointments, Bus Pass requests, and Methadone rides. All other rides can be requested through the QRYde Facility Portal, including AA/NA rides for eligible members.



Since 6/3/25, HealthRide has been including a note indicating this change at the bottom of every email response sent to those who submit ride requests via email.

Another recent change within HealthRide is that members can only utilize one stand-alone ride to the pharmacy each month to pick up a prescription or an eligible medication. There is no limit to additional rides to the pharmacy added to/from a medical appointment. This aligns UCare's policy with DHS's policy, allowing one pharmacy ride per month.

To register for QRyde Facility Portal access, please visit: <https://forms.office.com/r/uj6F6FPwVF>. Additional HealthRide information is located in the [Transportation-Medical Job Aid](#).

Ketamine infusion policy



On July 1, 2025, UCare's Ketamine intravenous drug policy takes effect for all UCare plan members. Ketamine is considered investigational for the following conditions and will not be covered:

- Psychiatric disorders (including, but not limited to, depression, bipolar disorder and posttraumatic stress disorder)
- Chronic pain (including, but not limited to, nonmalignant pain, fibromyalgia, neuropathic pain, Complex Regional Pain Syndrome and Reflex Sympathetic Dystrophy)
- Headaches (prior authorization is not applicable for Ketamine infusions as it is considered excluded for these investigational uses)

Additionally, UCare will not review excluded uses for medical necessity.

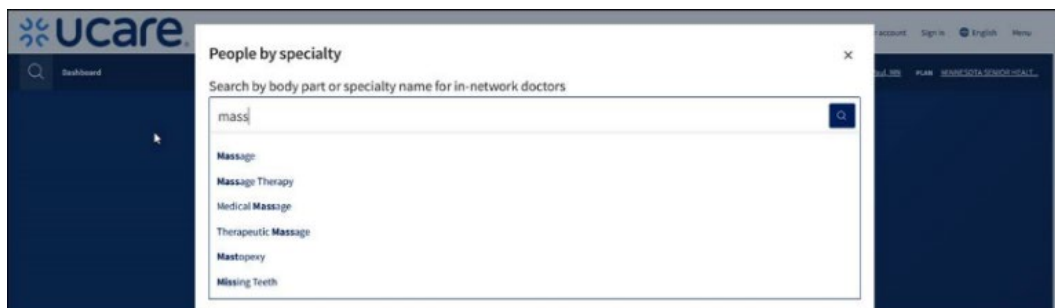
Soliqua opportunity



On May 16th, letters were sent to **UCare MSHO** and **Connect + Medicare** members and their providers to inform them about an opportunity to switch from taking a long-acting insulin and GLP-1 agonist to Soliqua, a medication that combines the two. This decreases the number of daily injections, leading to better compliance and convenience.

Massage Therapy Providers Located on the Provider Search Tool

A recent update to UCare's Provider Search Tool made Massage Therapy providers searchable. The screenshot shows that these providers can now be searched under "people by specialty."



Care Coordination Resource Highlight

MnCHOICES Guidance: Revising the Support Plan

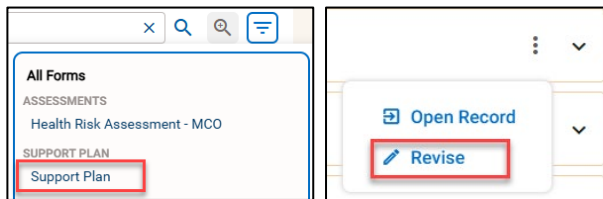
The [MnCHOICES Guidance](#) document is a frequently updated tool available to care coordinators to help them navigate MnCHOICES questions. It can be found within the [Job Aids and Resources](#) spark.

As a reminder, the Support Plan can be revised within MnCHOICES for support plan updates and at the annual reassessment in lieu of creating a new support plan. For members who have a current Support Plan within MnCHOICES, a Support Plan revision can be used for the following:

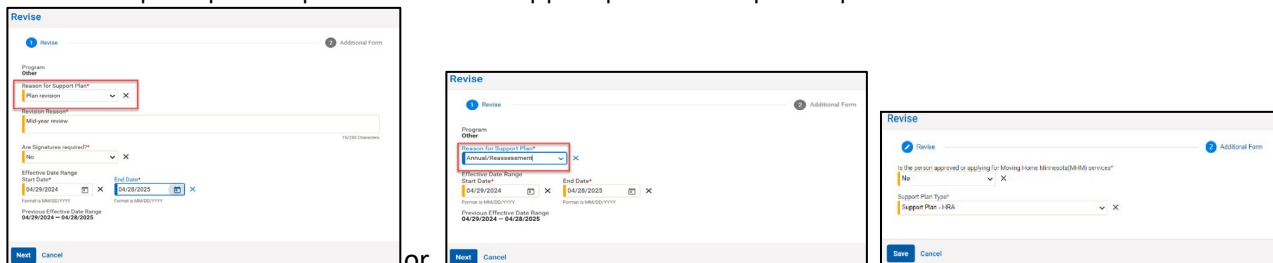
- Mid-year update
- Transition of care
- Functional needs update
- THRA
- Transfer from another MCO
- Annual reassessment
- Change to services or providers

* Currently, a new Support Plan must be created if CFSS hours are reduced at the reassessment. This is a temporary workaround as DHS works to resolve this issue within MnCHOICES.

Revisions can be made by going to the forms section, clicking the “tornado icon and selecting “support plan” from the drop-down menu. Then, click the ellipsis on the far right of the record that needs revision and click on revise.



Follow the prompts to open the revised support plan to complete updates:



Toggle to “edit mode” and change status to “submit.” This will pull in any HRA info; you can edit it as needed. When finished, change the status to “submit” until you get to the prompt that states you are “finalizing,” and the status reads “Plan Approved.”

To maintain evidence of a goal's progress, achieved or discontinued goals should not be deleted at the annual reassessment. At least one high-priority goal must be created when revising the support plan to update the goals. If all goals are marked as achieved or discontinued, a new high-priority goal must be created. Once goals are updated and saved, they can be removed at the next mid-year review.

As of 7/1/2025, the UTR/Refusal Support Plan can be attached to MnCHOICES or within the delegate's EHR based on the delegate's preference.

MSC+ AND MSHO NEWS

UCare Initiatives: July 1, 2025 Implementation



At the June 12, 2025, All Care Coordinator meeting, UCare communicated details of focused initiatives to support MSC+/MSHO care coordinators that begin July 1, 2025.

- **CFSS vs. Elderly Waiver:** Evaluate person-centered planning opportunities to enhance service alignment with EW and CFSS. Delegates will receive reports for review and feedback.
- **Capitation:** Provide education and acknowledgement for timely MMIS entry prior to the DHS capitation date. Delegates will receive reports for review and feedback.
- **PCA/CFSS Utilization Review:** Ensure that the documentation supports the level of care. See below for details about the review process.
- **Home and Community Based Services Utilization:** Creation of benefit guidelines to support care coordinators' knowledge and understanding of the appropriate utilization of Adult Day services, Individual Community Living Supports and Homemaker services. Reports will be provided to delegates identifying members with claims of two or more of these services in the past six months to review possible duplicative services.
- **CFSS Assessment Training:** Creation of CFSS Assessment Guidelines and a CFSS recorded assessment training to support care coordinators' understanding and knowledge around assessment categories and criteria that affect CFSS eligibility.

To ensure understanding of these initiatives, UCare is requiring care coordinators and delegate leaders to review all materials and training. An **attestation of review and training completion for each delegate agency is required** and can be emailed to MSC_MSHO_clinicalliaison@ucare.org. The review of the recorded CFSS training and benefit guideline must be done before any CFSS assessment is completed on or after 7/1/2025.

CFSS Assessment Review

Starting 7/1/25, UCare will complete a clinical review of all CFSS assessments. Care coordinators will notify UCare of all CFSS assessments via secure email at CFSSReviews@ucare.org within **five (5) business days** after the assessment date. All elements within the MnCHOICES assessment must be completed. The assessment status will be "in progress" while awaiting UCare review approval.



Include in the email:

Member name, UCare ID/PMI, DOB | CC and Delegate name | Assessment date and EW status

UCare will review the assessment in MnCHOICES and provide feedback within 2 business days of the submission. Assessments that do not meet documentation or procedural standards will be responded to via email with specific recommendations to be followed. The CC is not expected to reply when corrections have been completed. Assessments that meet documentation requirements and justification for services will be returned to the sender with approval noted. Once UCare has provided feedback and corrections (if applicable), the CC makes the edits, places the assessment into the completed status, and proceeds with remaining tasks as noted in the [CFSS Care Coordination Guidelines](#).

PCA/CFSS Appeals and State Fair Hearings



To ensure CCs are aware of a member's appeal, UCare's Appeals and Grievances team has begun sharing PCA/CFSS appeals with the assigned care coordination delegate. This includes informing care coordinators of any upcoming State Fair Hearings. Care coordinators are not required to attend State Fair Hearings but are highly encouraged to do so based on availability.

If the outcome of the appeal or state fair hearing results in the care coordinator's assessment being overturned or partially overturned, the CC must ensure that the total monthly cost for all Elderly Waiver services and state plan home care services is within the member's monthly case mix budget cap.

Provider Search Tool: Update for CFSS Provider Agencies

[UCare's Provider Search Tool](#) has been updated. Previously, care coordination staff were instructed to use the "Personal Assistance Services Agency" to locate an in-network CFSS provider agency. Effective 6/19/25, care coordinators should now select Area of Focus: "Community First Services & Supports/Personal Care Assistant" when searching for an in-network CFSS provider agency.

Areas of Focus
Community First Services & Supports/...

Filter by name

☒ Community First Services & Supports/Personal Care Assistant

Provider Requests for CFSS Reassessments

Beginning July 1, 2025, provider requests for reassessments for PCA/CFSS are sent directly to the assigned UCare MSC+/MSHO care coordinator by the CFSS provider agency or FMS provider. This is a change to the current process of the provider sending to UCare, which then forwards to the assigned care coordinator. Per DHS, providers request a reassessment 60 days prior to the expiration of a member's current Service Delivery Plan or when there is a need for an early reassessment due to a change in the member's condition.

QUALITY REVIEW CORNER



Thank you to all the delegates who participated in the 2025 Quality Reviews. Below are just some of the 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

- ★ **Crow Wing County:** For members with suspected or reported memory loss, care coordinators completed early dementia screenings using the Mini-Cog (DHS-3428M) and attached it in MnCHOICES.
- ★ **Clay County:** Care coordinators checked MN-ITS and informed members if MA was inactive, provided the financial worker's phone number, and reviewed the paperwork needed to renew MA.
- ★ **Otter Tail County:** Care coordinators discussed supplemental benefits with members and assisted them with accessing resources. They also explored services to meet member needs when waiver services may not be available.

★ **Rice County:** The care coordinator documented good follow-up with the member on navigating financial challenges when the member, who was seeking relocation from SNF to an Assisted Living facility, was having difficulty applying for GRH. The care coordinator made an extra in-person visit to assist with the GRH application.

DHS NEWS AND UPDATES

MnCHOICES Initial Assessments: Validity Extension

Effective July 1, 2025, **MnCHOICES initial assessments** will be valid for up to 365 days from the initial assessment interview. From the [eList](#) announcement on May 27, 2025, DHS will:

- Continue to update training materials and policy manuals.
- Publish training module updates in June 2025.
- Provide the final resources in an eList announcement on or before July 1, 2025.
- Announce details about a webinar in August 2025 to answer lead agency questions about the updated resources.

Note: During the webinar, DHS will only answer questions that lead agencies submit in advance.

Remote CFSS Annual Assessments

A recent [AASD and DSD eList: Remote CFSS annual assessments approved by CMS](#)

stated that CMS approved an *option* to substitute an in-person CFSS assessment with a remote (interactive video or telephone) CFSS assessment in the third year following two in-person assessments. The MSHO/MSD+ requirement grids reflect that an in-person assessment is required for all CFSS assessments due to the complexity and variety of assessment needs. Please continue to follow the care coordination requirement grids, which require in-person assessments for CFSS. Available resources include the [In-Person Assessments Process Flow](#), [In-Person Assessment Methods Decision Tree](#) and [In-Person Assessments Job Aid](#).

REMINDERS

Forms Frequently Change

Forms are updated regularly. Please remember to download forms directly from UCare's website to ensure the most up-to-date versions are used.

Updating Primary Care Clinic

All Care Coordinators should confirm members' primary care clinics and complete the Primary Care Clinic Change Request form located on the [UCare website](#) in the Care System or County PCC/Care Coordination Change Process drawer. This will ensure members (MSC+/MSHO) are correctly assigned for care coordination while in the program and when they age in. Although SNBC does not make delegate assignments based on PCC, it is equally important to ensure accuracy for continuity of care and initial assignment if/when they transition to MSC+/MSHO.

Care Coordination Questions?

The Clinical Liaisons are a great resource when care coordinators have questions. To help you best, please include as much detail as possible when submitting a question(s): e.g., member name and ID number, date of birth, product, details about the situation, and care coordinator name, phone number, and email address.

All emails sent to UCare that include private member information **must** be sent using secure messaging. **There may be times when UCare is unable** to open secure third-party emails. If your agency does not have a secure messaging system or UCare is unable to open the third-party secure message, care coordinators can create a secure email account using [UCare's Secure email Message Center](#).

UCare Care Coordination Contact Numbers

Please refer to the [Care Coordination Contact List](#) for delegate contact information.

Newsletter Article Requests

Is there a topic that should be covered in this newsletter? Please send all suggestions to MSC_MSHO_ClinicalLiaison@ucare.org & SNBCClinicalLiaison@ucare.org.