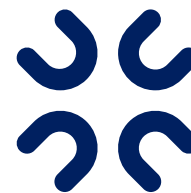


Care Coordination News

March 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 Liaisons at:

- **MSC+/MSHO** MSC_MSHO_Clinicalliaison@ucare.org or by phone: 612-294-5045 or 866-613-1395e
- **Connect/Connect + Medicare:** SNBCClinicalliaison@ucare.org or by phone: 612-676-6625 or 833-951-3190

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

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 activities. UCare care coordinators must participate in the Quarterly All Care Coordination Meetings presented live or by viewing the recorded WebEx. When viewing the recorded Quarterly All Care Coordination Meeting, an electronic attestation is needed. CEU events and office hours are optional.

UCare Product	Meeting Type	Date & Time (Subject to change)
MSC+/ MSHO and Connect/Connect + Medicare	Live Quarterly Meeting	March 13 th , 2025, 9 am-12 pm June 12 th , 2025, 9 am-12 pm September 11 th , 2025, 9 am-12 pm December 11 th , 2025, 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 24 th , 2025, 11 am-12 pm July 24 th , 2025, 11 am-12 pm October 23 rd , 2025, 11 am-12 pm
Connect/Connect + Medicare	Clinical Liaison Office Hours (optional)	April 24 th , 2025, 12:30 pm-1:30 pm July 24 th , 2025, 12:30 pm-1:30 pm October 23 rd , 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 **1st Quarterly All Care Coordination Meeting**

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

ALL CARE COORDINATION NEWS



New on the Care Coordination and Care Management Website

All products

- Support Plan Letter (Translated into additional languages)
- Support Plan Signature Letter (Translated into additional languages)
- Support Plan Translation Request (Revised 2/18/25)
- MnCHOICES Guidance (Revised 1/30/25)

MSC+/MSHO

- 2025 Additional & Supplemental Benefits: MSC+ and MSHO (Revised 2/18/25)
- Mom's Meals Referral Form (Revised 2/13/25)
- 2025 Monthly Activity Log (Revised 2/10/25)
- ILOS Instructions (Revised 1/28/25)
- Care Coordinator CDCS Guidelines (Revised 2/1/25)
- CC CDCS Plan Approval Checklist (Revised 2/1/25)
- CDCS DHS 5788A CSP Change Form (Revised 2/1/25)
- CDCS Member Agreement and Checklist (Revised 2/1/25)

Connect/Connect+ Medicare

- ILOS Post Discharge Meals Request Form (Revised 2/13/25)
- ILOS Post Discharge Meals Instructions (Revised 2/13/25)
- 2025 Additional & Supplemental Benefits: CT and CT + Med (Revised 2/18/25)
- Monthly Activity Log Job Aid (Revised 1/30/25)

Coming Soon

- CFSS Care Coordination Guidelines (Revised)
- PCA/CFSS Communication Form (Revised)
- Waiver Service Approval Form (Revised 2/27/25)

Offboarding Users



As a reminder, it is essential to offboard users from systems where access has been granted when a staff member leaves their agency or moves to a role where access is no longer needed. This includes MMIS and MnCHOICES and can be requested via the [DHS Systems Access Request Form](#).

In addition to keeping a clean record of active users for accurate reporting and a smoother process with the reconciliation of DHS reports, it is also required to ensure the appropriate level of protected health information is accessible to each user.

For additional questions, reach out to the Clinical Liaisons.

Vulnerable Adult Reporting

Mandated reporters are professionals or a professional's delegate identified by law who **MUST** make a report if they have a reason to believe physical or mental abuse, unexplained injury, neglect, or financial exploitation of a vulnerable adult or child has occurred.

Mandated reporters include Social Workers, Nurses, Law Enforcement, Doctors/Physician Assistants/Nurse Practitioners, Educators, Medical Examiners, Clergy (with exceptions) and Direct Care

Providers employed in licensed facilities. Care coordinators meet the required criteria as mandated reporters.

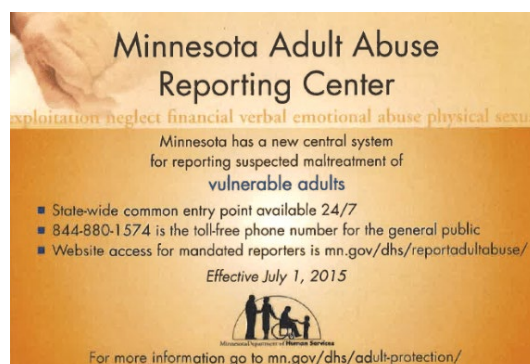
A vulnerable adult is any person over age 18 who:

- Has a physical, mental or emotional disorder that makes it difficult for the person to care for themselves without help and protect themselves from maltreatment
- Is in a hospital, nursing home, transitional care unit, assisted living, housing with services, board and care, foster care or other licensed facilities
- Receives services such as home care, day services, personal care services (ie, PCA/CFSS) or other services licensed by the Minnesota Department of Human Services or Minnesota Department of Health

When reporting abuse that is also a suspected crime, such as physical/sexual assault or caregiver neglect that results in injury, contact 911 first to ensure law enforcement can gather evidence and speak to those involved in a timely manner.

Mandated reporters use the [Minnesota Adult Abuse Reporting Center \(MAARC\)](#) statewide adult abuse reporting line to submit a complaint by calling (844) 880-1574 (24/7) or using the online [MAARCC form](#). Minnesota encourages reports of suspected maltreatment of any person to be in good faith. Your identity is confidential and may not be revealed without a court order.

Did you know? The Office of Health Facility Complaints investigates complaints against licensed home care providers, including assisted living providers. If you suspect maltreatment of a vulnerable adult receiving home care services, you may also contact the [Office of Health Facility Complaints](#) with your concerns.



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 Jaycee Ryan, RN Care Coordinator with Bluestone Physician Services, for sharing a story that truly demonstrates how “out of the box” thinking and extraordinary relationships through care coordination can support members.

Jaycee shared, “I have a member who has been on the quality measures work plan overdue for her



mammogram. Her last mammogram was completed in 2020, and I completed my first visit with her in June 2024; she told me at this visit that she had it scheduled and would not need assistance to complete it. I completed her 6-month (mid-year contact) in December 2024, and she opened up, stating that she had not completed her mammogram because she used to

attend these visits with her best friend, who had passed away a few years ago. She became tearful during the discussion and stated she hasn't been able to go back in for her mammogram since her friend had passed and has always rescheduled it when the appointment date was getting closer because of the loss and her friend not being able to attend with her. I asked her if she would be comfortable and if she would like me to attend the appointment with her so that she didn't have to continue postponing or go alone, and she immediately agreed and said that would make a big difference for her. We both attended the visit for her mammogram.”

Jaycee later received a note from the member saying, "Everything is normal in my mammo! Thank you very much for coming with me. I appreciate it more than I can say." Way to go, Jaycee and all care coordinators, for supporting the member's access to care. If care coordinators want to share a story, click the [People Powered Moments Form](#) link on the Care Coordination homepage.

Synergy Self-Care

Self-Care Tips for Care Coordinators

Going from the hustle and bustle of the holiday season to the doldrums of winter can be difficult for many. Taking advantage of the *lull* in the winter season is a great time to recharge. Have no fear—Spring is near! Here are some helpful tips to recharge, enhance mood, and improve overall wellness:



- Notes of gratitude- write down what you are thankful for each day
- Enjoy the sunshine outside (weather permitting) or near a window- soaking in the rays has been proven to enhance mood
- Ask your provider about the benefits of Light Therapy
- Get enough sleep- Getting 7-9 hours of consistent sleep can increase energy
- Participate in daily exercise- exercising releases endorphins, helping the mind, body and soul
- Engage in social activities – Engaging with others can improve mental health and happiness
- Eat a healthy diet- Eating healthy foods incorporates vitamins and supplements that may be low during the winter months, like vitamin D
- Meditate- Meditating can reduce stress, refocus the mind
- Plan an event or outing, big or small- planning a vacation and anticipating the event or outing can increase happiness
- Find a hobby- increased creativity, self-expression, and sensory are linked to mental well-being.

2025 Special Election Period (SEP) change for Dual Eligible Special Needs Plans (D-SNP)

UCare Connect + Medicare and UCare's Minnesota Senior Health Options (MSHO)



The Centers for Medicare and Medicaid Services (CMS) issued a final rule for 2025 that changed the SEP for D-SNP. Effective January 1, 2025, the quarterly SEP was replaced with a SEP that allows D-SNP individuals a once-per-month election period. Here is a link to the CMS website for more information: [New Special Enrollment Periods \(SEPs\) for Dually Eligible and Extra Help-eligible Individuals \(eff. 01012025\)](#)

For more information, contact UCare's Special Needs Plans Sales at 612-676-3554 or SNPsales@ucare.org for more information.

Recuperative Care

The Minnesota Department of Human Services launched the new Recuperative Care Program on January 1, 2024. Recuperative care services are available to eligible Minnesota Health Care Programs (MHCP) members experiencing homelessness to help prevent hospitalizations or provide medical care and support services when they are unable to recover from a physical illness while living in a shelter or are otherwise unhoused.

MHCP members receive recuperative care services when they don't need to be hospitalized or remain hospitalized, or don't meet the severity of illness for other levels of care. Program services may

include basic nursing care, counseling, patient education and care planning, and social services. These services may help prevent or reduce hospitalization, Emergency Department visits or hospital readmissions for eligible members.

To be eligible for recuperative care services, an MHCP member must be:

- 21 years or older if they have Medical Assistance, or 19 years or older if they have MinnesotaCare
- Experiencing homelessness or are unhoused
- In need of short-term medical care for fewer than 60 days
- In need of assistance with the following covered services

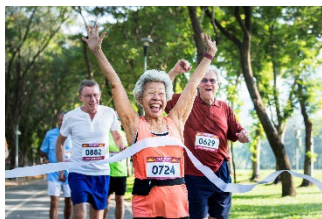


Covered Services:

- Basic nursing care, including monitoring physical health and pain level
- Wound care
- Medication support
- Patient education
- Immunization review and update
- Clinical goals development for the recuperative care period and discharge plan
- Care coordination, including initial assessment of medical, behavioral and social needs
- Care plan development
- Support and referral assistance for legal, housing, transportation, case management and community social services
- Support and referral assistance for health care benefits, health and other eligible benefits
- Care plan implementation follow-up and monitoring
- Medical, social and behavioral (counseling and peer support) services that can be provided in the recuperative care setting
- Community health worker services (Minnesota Statutes, 256B.0625, 43.25 subdivision 49.43.26)

The program's 2025 updates revolved around resuming provider enrollment requirements. Facilities that provide Recuperative Care Services must now be enrolled in Minnesota Health Care Programs (MHCP). Refer to the Recuperative Care section in the MHCP Provider Manual or the updated DHS FAQ for complete policy and billing information.

Cecelia Health Weight Management virtual support program



UCare is partnering with Cecelia Health to help members better manage their health through their weight management support program. Available to eligible members at no additional cost, members receive virtual support from a Cecelia Health registered dietician (RD). Together, they'll develop a plan to help members achieve and maintain healthy weight and enjoy healthier lives.

The weight management program offers one-on-one support and education to help members:

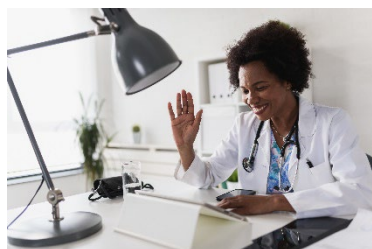
- Manage weight loss, with or without medication
- Design a personalized nutrition plan
- Access helpful guides, recipes and tips for maintaining motivation
- Get real-time feedback and chat with their clinical team through a secure app
- Ability to connect to smart devices and share results with their clinical team
- Set goals and track progress

Eligibility

UCare members are identified via claims, pharmacy, or other records, and communications are sent on how they may benefit from a Cecelia Health virtual support program. **Connect, Connect + Medicare, MnCare, MSC+, MSHO** and PMAP members 18 years or older who are currently taking a weight loss medication are eligible for the Cecelia Health weight management virtual support program. Members can learn more and register at [Weight Management Virtual Support Program | Cecelia Health | UCare](#)

Disease Management

What is Disease Management?



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

Program topics include:

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



Our 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.

Our team works closely with Case Management, Pharmacy, Health Improvement, Health Promotion and provider teams to assist members in self-management of their chronic conditions. We accept referrals for all our programs and assist members with referrals to other programs and resources. For more information, please visit [Managing Health Conditions | Programs and Support | UCare](#).

To send us a referral, please contact us at:

- **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>

New UCare Department – Integrated Care Management

Previously, UCare had two departments focused on care management for our members: Clinical Services, which focused on members with complex medical needs, and Mental Health and Substance Use (MH & SUD) Services, which focused on members with mental health and substance use needs. These departments have been combined into one Integrated Care Management department with clinicians who can care for all the members' needs. UCare's care managers address medical, MH & SUD and social barriers.

UCare recognizes that care coordinators are doing this supportive work for our members on MSC+, MSHO, Connect and Connect + Medicare, so Integrated Care Management team members will primarily focus on members from the PMAP, MNCare, Medicare Advantage and Individual and Family Plan products.



Care Coordinators (CC) can continue to make referrals for short-term MH & SUD care management support for members who meet one of the following criteria:

- 2 admissions in the past 12 months for one or more of the following:
 - Inpatient mental health, eating disorder, detox/withdrawal management or substance use disorder
 - Residential treatment for mental health, substance use disorder, IRTS or eating disorder
- 2 episodes in the past 12 months for partial hospitalization program
- 2 ER visits in the past 2 months for mental health or substance use disorder conditions

The referral form can be found at this [link](#).

The Integrated Care Management Triage and Access line, previously called the Mental Health and Substance Use Disorder Services Triage and Access line, will continue to be available.

The Triage and Access line is designed to support our member's needs, such as:

- Assistance with scheduling appointments, including telehealth
- Mental Health and Substance Use Disorder Management Consultation with a Care Manager
- Mental Health and Substance Use Disorder provider in-network and specialty search
- Identification and connection to community resources

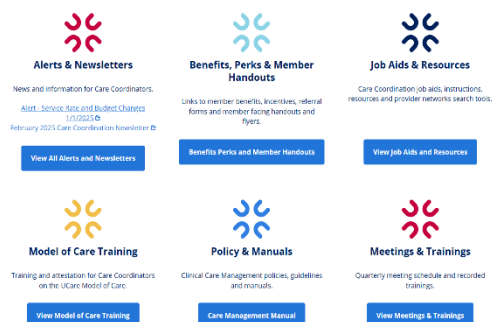


NEW: The Triage and Access Phone Line is available Monday through Friday, 8 am – 5 pm, and can be reached at 612-676-6533 or 1-833-276-1185 (toll-free).

Care Coordination Tools Highlight – Supplemental Benefits Resources

UCare has resources for care coordinators to learn about and reference for additional and supplemental benefits:

- The [Benefits, Perks & Member Resources](#) page has:
 - [2025 Additional & Supplemental Benefits: Connect and Connect + Medicare](#)
 - [2025 Additional & Supplemental Benefits: MSC+ and MSHO](#).
- The [Job Aids and Resources](#) page has the [Benefits by Condition](#) (grid where care coordinators can identify benefits based on the member's condition)
- The [Care Coordination Training](#) page has a [PowerPoint presentation](#) with an overview of supplemental benefits.



News U Can Use

Social Media Communications

Just about everyone these days is engaged in some form of social media. From LinkedIn and Facebook to Reddit or Instagram, social media platforms allow people to be entertained, communicate, or even learn about current events. While social media often connects people, it poses certain risks to UCare and its members regarding privacy and may impact UCare's positive presence in the community. As UCare partners, care coordinators represent UCare and need to know the expectations regarding authorized and unauthorized forms of communication on all social media platforms.



Allowable Social Media Communications

1. UCare's Marketing Team is responsible for all public news announcements about and from UCare. Only a UCare spokesperson may officially speak on behalf of UCare in breaking news or making strategic business/partner announcements.

Unauthorized Social Media Communications

1. As a delegate of UCare, you may **NOT**:
 - a. Create a social media account representing UCare
 - b. Use the word "UCare" in or as part of a social media username or personal comments or posts when communicating on social media services.
 - c. Use UCare logos, trademarks, proprietary graphics or photos in social media unless the logo is automatically placed in the employer field by the site (e.g., LinkedIn)
 - d. Respond directly to any current, former or potential UCare members' comments on social media. When in doubt, avoid engaging in any commentary unless you are the designated UCare spokesperson, including "liking," reposting, commenting on or sharing another person's social media content that contains members' private information.
 - e. Post or comment in a way that directly or indirectly discloses member-protected health information (PHI). This includes images, photos, videos, audio or text that includes PHI.

Care coordinators should also refer to the professional ethical standards of their licensing board as they relate to adding members/clients to their social media platforms.

No Ifs, Ands, or Butts - Let's Work Together to Screen for Colorectal Cancer



March is Colorectal Cancer Screening Awareness Month. Colorectal cancer is one of the most preventable, yet least prevented, cancers in the US today. It is the third most diagnosed cancer, and the second leading cause of cancer deaths in both men and women 50 years of age and older. Despite of these statistics, colorectal cancer is one of the most treatable cancers if found early through screening. (American Cancer Society, n.d.) The earlier colorectal cancer is detected, the easier it is to treat.

Choosing a colorectal cancer screening test

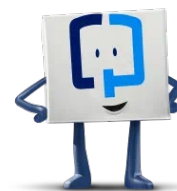
Many members find it challenging to choose among colorectal cancer screening tests. That is why UCare recommends that our members speak to a healthcare professional about when to begin screening and which method may be right for them. By working closely with members, you can help schedule screenings and ensure they have the information needed to make an informed decision.

UCare partners with Exact Sciences to provide Cologuard kits

Cologuard is an effective noninvasive colorectal cancer screening test for adults 45 years of age and older who are at average risk for colorectal cancer.

Cologuard is intended for members of average risk with no family history of colorectal cancer. All UCare plans are eligible to receive Cologuard, and negative results are valid for 3 years. With less frequent testing, the convenience of an in-home screen, and no out-of-pocket cost, UCare is removing barriers for our members in completing this preventative health screening.

In April, UCare will be sending Cologuard kits to members at average risk and in need of colorectal cancer screening. If one of your members receives a Cologuard kit, please assist them in completing this preventative screening. If you have questions, please reach out to our Quality contact tnguyen1@ucare.org or jdeniz@ucare.org. UCare members receiving Cologuard Kits needing assistance can call the Exact Sciences Laboratories Customer Care team at 1-844-340-1594. Team members are available 24 hours a day, 7 days a week. Or chat with a member of the Exact Sciences Laboratories customer care team at www.cologuard.com/why.



Dental Access for Members

Dental Care on the Move

The UCare Mobile Dental Clinic (MDC) provides dental check-ups, cleanings and simple restorative care to UCare members who have limited access to quality dental care. All care is provided by faculty-supervised dental, dental hygiene and dental therapy students from the University of Minnesota School of Dentistry, UCare's MDC partner.

The clinic is a specially designed, wheelchair-accessible, 43-foot dental office on wheels. The MDC has three dental chairs, state-of-the-art instruments, chairside digital radiography and an electronic health record system. This Clinic on Wheels visits several sites in the metro and greater Minnesota each year.

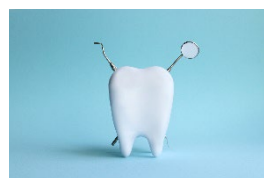


Any member with UCare dental benefits may schedule an MDC visit. Members can call 1-866-451-1555 Monday through Friday, 8 a.m. to 4:30 p.m., to schedule an appointment.

Visit ucare.org/mdc for the MDC schedule.

Connecting Members to Dental Care

UCare's Dental Connection helps members manage their dental care in one phone call. Representatives help members:



- Find a dental provider or dental home
- Schedule dental appointments, including appointments for follow-up and specialty care
- Coordinate transportation to dental appointments
- Coordinate interpreter services for dental appointments
- Answer dental benefit and claims questions

Manage your dental care with a simple phone call.

Medicaid (Medical Assistance) plan members call [1-888-227-3310](tel:1-888-227-3310) (TTY [1-800-466-7566](tel:1-800-466-7566)).

UCare's Minnesota Senior Health Options (MSHO) and UCare Connect + Medicare (SNBC) members call [1-855-209-3155](tel:1-855-209-3155) (TTY [1-800-466-7566](tel:1-800-466-7566)).

Dental Kits

Available for **UCare's MSHO, UCare Connect + Medicare**, or UCare Advocate Choice/UCare Advocate Plus members.

Members are eligible to receive the Adult Dental Kit once every three years. In the years they do not receive the adult dental kit, members can request the Adult Dental Refill Kit. Members are not eligible to receive the Adult Dental Refill Kit in the same year they receive the complete Adult Dental Kit. To order the kit, eligible members may call UCare customer service.

Adult Dental Kit:

- Rechargeable toothbrush with charger
- Two extra brush heads
- Toothpaste
- Dental Floss

Adult Dental Refill Kit:

- Two toothbrush heads
- Toothpaste
- Dental floss



CONNECT AND CONNECT + MEDICARE NEWS

Fitness Options for Connect Members



In 2025, Connect members no longer have access to One Pass, but this doesn't mean that members no longer have access to resources to meet their fitness goals. Connect and Connect + Medicare members receive \$100 per quarter to spend on Community Education classes. Adult Community Education is offered through school districts or cities statewide, and many different sports and fitness classes are offered, such as basketball, pickleball, Pilates, Tae Kwon

Do, water aerobics, yoga, Zumba, and many more. To find a class, check a local community education catalog, search online or contact the local school district. Members use their Healthy Benefits+ Visa to pay for the class.

MSC+ AND MSHO NEWS

Communication During the 90-day Monitoring & Grace Period for Elderly Waiver (EW) Members



It is crucial that care coordinators (CC) monitor members based on the [requirements grid](#) guidelines, which outline care coordination tasks such as reassessments and offering assistance to reinstate MA during the 90-day monitoring or grace period.

When a member is open to EW, the CC **MUST** send the DHS-6037 form to the county of residence (COR), acting as communication that there may be a payment transition for waiver services. This is the only communication to the county that the member's health plan has termed and is a critical step to avoid service and payment gaps.

The notification of Medical Assistance (MA) termination looks different on the enrollment rosters, depending on the product a member is enrolled in. In **both** scenarios, the DHS-6037 form **MUST** be sent by day 60 of the 90-day window for members open to EW.

- For MSC+ members, the 90-day monitoring period starts when MA terminates. The member will fall off the roster.
- For MSHO members, the 90-day grace period starts when MA terminates. However, MSHO members do not fall off the roster until the end of the grace period. This is monitored by checking the "end date" column of the enrollment roster.
 - This means the member will still be on your enrollment roster when sending the DHS-6037 to the COR

End Date	End Date
12/31/9999 12:00:00 AM	4/30/2025 12:00:00 AM
12/31/9999 12:00:00 AM	4/30/2025 12:00:00 AM
12/31/9999 12:00:00 AM	4/30/2025 12:00:00 AM

For additional questions, reach out to MSC_MSHO_Clinicalliaison@ucare.org.

PCA/CFSS Continuity of Care for Seniors Receiving Personal Assistance



Based on the updated language in [Minnesota Statute 256B.69](#), if a member newly enrolls in UCare MSC+/MSHO and has been **receiving PCA/CFSS from the same agency continuously during the six months prior to UCare enrollment**, the member can choose to remain with the current service provider regardless if they are in UCare's current network.

The process to maintain the out-of-network PCA/CFSS continuity of care is as follows: The current PCA/CFSS provider agency sends the [PCA/CFSS Service Authorization Transfer Form](#) to UCare to initiate authorization. UCare PCA/CFSS Intake will create a continuity of care (COC) authorization as well as a single case agreement (SCA) for the provider that is specific to the member. This does not mean the provider is contracted and in-network with UCare for all members.

A Service Authorization Letter (SAL) will be sent to the member and the service provider and will include specific language to indicate the member meets the criteria to remain with the current out-of-network provider. PCA/CFSS Intake will alert the assigned care coordinator of the COC arrangement by emailing/faxing the CC a copy of the authorization letter. Upon reassessment, the member may continue to use this out-of-network PCA/CFSS provider.

If the member transfers to another delegate, the [DHS-6037 Transfer Form](#) should include information regarding the COC agreement for the out-of-network provider to ensure clear communication with the new care coordinator.

Note: Members who received PCA/CFSS services prior to enrolling in UCare for **less than 6 months** with an out-of-network provider will continue to receive a **temporary continuity of care authorization for up to 120 days**. CCs will need to work with members to establish care with an in-network PCA/CFSS agency to continue to receive services using the [Provider Search Tool](#).

CDCS Unbundling Project Implementation and Policy Changes

Effective February 1, 2025, DHS began the rolling implementation of the CDCS unbundling project.

This project:

- More accurately categorizes goods and services into eight categories instead of four
- Clarifies provider qualifications
- Clearly defines services

Implementation Instructions

Members who received CDCS services **before** Feb. 1, 2025, will:

- Continue the current CDCS community support plan (CSP), DHS-6532, or alternative format until due for the next assessment occurring on or after Feb. 1, 2025
- Transition to the new unbundled CDCS service categories after the member's next assessment, occurring on or after Feb. 1, 2025
- Write the next CDCS CSP using [CDCS CSP, DHS-5788A](#), with the new unbundled CDCS service categories



Members who start to receive CDCS services **on or after** Feb. 1, 2025, regardless of the assessment date, will:

- Use the new unbundled CDCS service categories
- Write the CDCS community support plan using [CDCS CSP, DHS-5788A](#)

The CDCS unbundling project will not change people's CDCS budgets. DHS updated the [CDCS Policy Manual](#), including creating new [unbundled service category pages](#) and updated existing [bundled service category pages](#) to explain the transition process.

UCare has updated the CDCS Toolkit documents, including:

- [Care Coordinator CDCS Guidelines](#)
- [CC CDCS Plan Approval Checklist](#)
- [CDCS DHS 5788A CSP Change Form](#)
- [CDCS Member Agreement and Checklist](#)

Additional information about the CDCS unbundling project can be found on the [December 10, 2024 eList announcement](#).

Environmental Accessibility Adaptations (EAA) Rate Limit Increase 1/1/2025

On January 28, 2025, DHS eList announces an environmental accessibility adaptations service limit increase for the Elderly Waiver (EW). Effective January 1, 2025, the EAA service limit increased from \$20,600 to \$21,199, which includes:

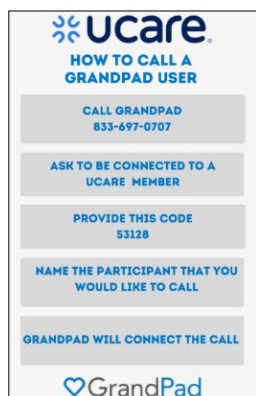


- EAA, home assessment (T1028)
- EAA, home install (S5165)
- EAA, vehicle assessment (T2039 – UD)
- EAA, vehicle install (T2039)

DHS is working to update the increase on [Long-Term Services and Supports Service Rate Limits, Effective Jan. 1, 2025, DHS-3945](#). For policy information, refer to:

- [CBSM – EAA home and vehicle modifications](#)
- [DHS-EAA frequently asked questions](#)

Care Coordinator Calls to the GrandPad



When a care coordinator (CC) submits a referral for a UCare member to receive a GrandPad, the CC's phone number is added to the GrandPad, making it easy for members to call the CC. Grandpad has recently enabled the ability to return voice calls to the GrandPad, yet still ensuring that no spam call is ever made to a GrandPad.

To receive the GrandPad phone number to securely call members, choose one of these options:

1. Send an email to ucareferrals@grandpad.net and ask for the phone numbers of the UCare members you serve.
2. If your UCare member has made a call to you through the GrandPad, you can save the phone number as a contact. Using that number to return the call will allow you to make a secure voice call to the GrandPad.



Other methods of secure communication are still available:

1. Connection by our team using the UCare Health Code
2. Through the secure [Provider Console](#), make video calls, send emails and create calendar events with Zoom links. If a password reset is needed, just click "Forgot my password."

For additional assistance, please call the GrandPad team at 800-704-9412. Representatives are available 24 hours a day - 365 days a year!

DHS NEWS AND UPDATES

Resolved Current MnCHOICES Functionality Items

Description: Health Risk Assessment (HRA) forms could not be reopened by any user role

- **Changes made:** When the status of an HRA form has been moved to 'Complete,' users with Lead agency Supervisor and Delegate Supervisor roles will have the ability to reopen an HRA form up to 60 days after the completion date. The DHS Admin role will also be able to reopen an HRA form after 60 days. MnCHOICES mentors must submit a [MnCHOICES Help Desk Contact Form, DHS-6979](#) and select Question Type: Policy and in the Policy Type Question, select Managed care: HRA, support plan or programs, with a description of why the HRA needs to be reopened.

MSHO/MSCH+ Care Coordinator Role Enhancements in MnCHOICES

The Care Coordinator - MSHO/MSCH+ role will have all current certified assessor permissions in addition to the permissions that already exist for the Care Coordinator - MSHO/MSCH+ role. This means Care Coordinator - MSHO/MSCH+ role have the permission to create, edit and complete MnCHOICES assessment forms.

This enhancement provides efficiency because two different agency staff can be assigned to a person record and complete MnCHOICES assessment forms at the same time:

- Certified assessor: County or Tribal Nation staff
- Care Coordinator - MSHO/MSCH+: Managed Care Organization (MCO) staff

What does this mean for staff with the Care Coordinator - MSHO/MSCH+ role:

- **Assessor certification/recertification remains a requirement:** Staff members with the Care Coordinator - MSHO/MS+ role must continue to be certified assessors meeting the statutory education/experience requirements. They must have completed MnCHOICES certified assessor training (MnCAT) and complete their recertification prior to the certificates end date.
- **Staff member credentials must have TrainLink ID:** It is important for these staff members to have credentials (TrainLink ID) in their staff member profile. Credentials that are current show a staff member completed all the specialized training for assessor certification/recertification.
- **Person record assignment:** MCO and MCO delegate staff must have the Care Coordinator - MSHO/MS+ role and be assigned to the person record as a Care Coordinator MSHO/MS+ to complete a MnCHOICES Assessment. Staff members completing assessments on behalf of an MCO or their delegate should no longer be assigned as a Certified Assessor in a person record to create a MnCHOICES assessment form.
- **Agencies must continue workflow best practices:** It is important for staff members to pay close attention to which form they are entering when doing their work as to not inadvertently work on someone else's assessment. Staff should contact the agency before they unassign other agency staff from the person record.

MSHO/MS+ Care Coordinator Role Implementation

Background Information:



With the February 6 release, new functionality was implemented to allow the Care Coordinator—MSHO/MS+ role—to create, edit and complete MnCHOICES assessment forms. A mentor communication with enhancement information and instructions for this new functionality was sent to agencies on February 7th.

Issue Details:



Users are unable to create a MnCHOICES assessment form when assigned to the person record exclusively as Care Coordinator - MSHO/MS+. An error message “Active Certified Assessor staff must be assigned to a person to create MnCHOICES Assessment” displays. However, the Care Coordinator MSHO/MS+ can edit and complete an existing

MnCHOICES assessment form.

Workaround instructions:



MCO and MCO delegate staff members completing MnCHOICES assessments must be assigned as a Certified Assessor in a person's record to create a MnCHOICES assessment form. When two certified assessors (county/tribal nation assessor and MCO assessor) must be assigned to the same person's record, communicate and coordinate with the other assessor to mark an assessment complete. Then, unassign the first assessor so the next can start their work.

This issue does not impact creating, editing and completing Health Risk Assessments, MCO support plans or HRA support plans.

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. This will ensure you are using the most up-to-date version.

Updating Primary Care Clinic

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

Care Coordination Questions?

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

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

UCare Care Coordination Contact Numbers

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

Newsletter Article Requests

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