Care Coordination News

November 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. When viewing the recorded Quarterly All Care Coordination Meeting, an electronic verification 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 All Care Coordination Meeting	December 11, 2025, 9 am-11 am
MSC+/MSHO and Connect/Connect + Medicare	CEU Event (optional)	November 4 & 6: Care Coordination Learning Day!
MSC+/MSHO	Clinical Liaison Office Hours (optional)	2026 dates coming soon
Connect/Connect + Medicare	Clinical Liaison Office Hours (optional)	2026 dates coming soon

2026 UCare CEUs

UCare is currently reviewing continuing education unit (CEU) offerings for care coordinators in 2026. Our goal remains to provide at least four opportunities to obtain free, job-related CEU content. UCare may offer a combination of live and self-guided options as part of these offerings.

ALL CARE COORDINATION NEWS

New on the Care Coordination and Care Management Website

All products

- UCare Contact List (Revised 10/14/25)
- Housing Supports Comparison Grid (Revised 10/2/25)
- MnCHOICES Guidance (Revised 10/1/25)
- Relocation Service Coordination – TCM (Revised 10/14/2025)
- Annual Wellness Visits Recorded Webinar

MSC+/MSHO

- Assessment Checklist (Revised 10/1/25)
- CFSS Care Coordination Guidelines (10/30/25)
- PCA/CFSS Communication Form (Revised 10/12/2025)

Gaps in Care Closure: End-of-Year Focus & CEU Opportunity

MSHO/CT + MED

As the final weeks of 2025 near, UCare asks delegates to prioritize care gap closures for MSHO and Connect + Medicare members. This effort supports improvements to the Medicare Star Rating, which helps provide additional revenue to support plan offerings for our members.

Primary Focus: Medicare Annual Wellness Visits

Care coordinators should give special attention to members who have not completed their Medicare Annual Wellness Visit (AWV) in 2025. Assisting members in scheduling this appointment is a key priority.

Medicare AWVs ensure members receive important preventive screenings, immunizations, and health assessments; all of which contribute significantly to our Star Rating performance. In addition to supporting our ratings, regular wellness visits are vital in strengthening member engagement and satisfaction with their providers and health plan, ultimately leading to better health outcomes.

CEU Opportunity

To support this effort, UCare is offering 1 CEU to all care coordinators who view the recorded Annual Wellness Visit Training during November. CEU certificates will be emailed to those who attest to completing the AWV recorded training by December 5th.

AWV Training Completion Attestation

Anyone Can be a Vaccine Advocate – Educational Opportunity

Learn how to be a vaccine advocate! This virtual training aims to empower non-clinical participants to become effective vaccine advocates for families. The training will cover the basics of immunizations and disease prevention, vaccine safety, and how to talk about vaccines with families. Participants will learn strategies for addressing vaccine misinformation, navigating sensitive conversations with empathy, and promoting the importance of vaccines in a confident and respectful manner.

When: Tuesday, November 18, 2025
Time: 12:00 – 1:30 pm

Objectives:

- Understand the basics of how vaccines work and how they are monitored for safety.
- Increase confidence in navigating questions or concerns from families.
- Identify where to locate reliable vaccine resources for families

CEU - Participants should contact their relevant licensing board to determine if this program will meet continuing education requirements and CEU values.

This webinar is free, but space is limited. Click here to register.

Vaccine Coverage

UCare understands the importance of vaccines and will not be making any changes to vaccine coverage. Vaccines, including the COVID-19 vaccines, will continue to be covered on all UCare plans.

Medicare Annual Election Period

The Medicare Annual Election Period (AEP) is October 15-December 7. During this period, anyone with Medicare can change their Medicare health plans and prescription drug coverage for the following year.

New for Medicare Annual Election Period 2026:

- Members who have both Medicare and Medical Assistance (dual eligible) may be eligible to enroll or change plans monthly if they have a special enrollment period available
- Care coordinators can request a sales kit by emailing the SNP team at snpsales@ucare.org or by requesting a kit on the UCare website
- Due to limited staffing and high call volumes, phone enrollment may not be available. Alternatives to a phone enrollment include: a member returning a completed paper enrollment form, or completing an online enrollment form:
    - Connect + Med Online Form | MSHO Online Form
- UCare Minneapolis office is closed for walk-ins
- Care coordinators helping members complete a 2026 enrollment form will need to complete the following section, "For individuals helping enrollees with completing this form," by stating their relationship to the applicant and providing a signature

What is Disease Management?

Disease Management (DM) engages with UCare members living with chronic conditions. DM has programs across all product lines, focusing on meeting members where they are in their health journey. DM 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 (Children and adults age 5-64)
- Diabetes
- Heart failure

*All programs are Adults 18+ except noted with asthma programs

Members enrolled in a DM program receive personalized health coaching from a UCare health coach.

Through coaching and education, members can:

- Develop a positive vision for their health and lifestyle
- Create achievable goals based on individual motivation and readiness to change
- Identify and break down barriers and patterns of behavior that prevent change
- Be empowered to make lasting lifestyle changes and be held accountable for goals
- Receive condition-specific education and resources to support self-management

The Disease Management team works closely with Case Management, Pharmacy, Health Improvement, Health Promotion and provider teams to assist members in self-management of chronic conditions. We accept referrals for all our programs and assist members in our program with referrals to other programs and resources.

To make a referral, please contact us at:

- DM Email: Disease_mgmt2@ucare.org
- DM Voicemail: 612.294.6539 or 866.863.8303
- Include with referral: Member ID, phone number and program (asthma, diabetes or heart failure)
- Program Exclusions: Diagnosis of ESRD (End Stage Renal Disease), on hospice care, in a Long-Term Care Facility or a SNF, on dialysis

Cecelia Health Program Update

As the partnership with Cecelia winds down, Disease Management is no longer accepting new referrals into Cecelia's health coaching programs. Members enrolled by October 10, 2025, will complete their Cecelia health coaching program by January 10, 2026. Members who would benefit from further health coaching support will be transferred to the UCare health coaching program after January 10, 2026.

Activity Tracker plus Personal Emergency Response System (PERS) Device

MSHO and Connect + Medicare members will no longer have the Reemo Activity Tracker plus Personal Emergency Response System (PERS) benefit in 2026. Reemo devices will be deactivated starting January 1, 2026. No new orders to Reemo will be accepted after November 1, 2025.

If a member wants to explore alternative ways to pay for their device through an HCBS Waiver, CFSS Waiver, or private pay options, please contact Reemo Support at support@reemohealth.com or 1-877-697-3366.

Reward Voucher Update

Effective Monday, 10/27/25, Health Promotion will no longer accept email requests with attached vouchers or claim numbers to research and process. This change is necessary due to the overwhelming number of work items in the Health Promotion queue and reduced staffing which directly impacts voucher processing. In addition, please do not send an email requesting when a member's voucher will be processed; these requests are taking time away from processing items and the Health Promotion team cannot determine where member vouchers are "in line" within the queue. Care coordinators are encouraged to inform members that vouchers/rewards are taking 6-10 weeks to process, and vouchers are processed in the order they are received. If the member has questions about why their voucher/reward was denied, please continue to email them to wellness@ucare.org for investigation.

CONNECT AND CONNECT + MEDICARE NEWS

2026 Connect + Medicare Supplemental Benefit Changes

UCare's dual-eligible Special Needs Plan (D-SNP) products will experience significant benefit changes in 2026. Care coordinators and members are encouraged to carefully review the benefit documents and training this year to ensure understanding of all changes. For 2026, UCare's goal was to preserve as much coverage in the most-used benefit categories as possible.

The 2026 Comparison Grid will soon be posted to the "Benefits Perks & Member Handouts Spark" on the Care Coordination (CC) Website. These are for CC awareness, and additional benefit details will be provided at the December Quarterly Meeting.

IMPORTANT: The coverage changes below will go into effect on **1/1/2026**

UCare Connect + Medicare Benefit Adjustments:

- Connect + Medicare Connect to Wellness Stress Reduction Kits
    - Converted to Special Supplemental Benefits for the Chronically Ill (SSBCI) in 2026: Available to members with qualifying conditions of hypertension, diabetes, lipid disorders, depression or anxiety.
    - Kit options: Sleep Aid, Stress Relief, Smart Home Device and weighted blanket.
- Over-the-counter (OTC) allowance reduced to $55 per quarter. Remains available to all Connect + Medicare members.
- Supplemental crown coverage: **one** high noble metal fused to a porcelain crown per year

UCare Connect + Medicare Discontinued Benefits

- Nutritional food allowance
- Community education allowance
- Reemo activity tracker and blood pressure monitor
- Supplemental transportation
- Routine foot care
- Therapeutic massage
- Supplemental acupuncture
- Dental: Gross removal of plaque

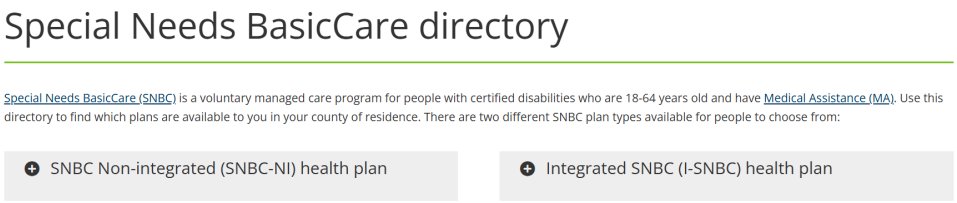
- Electric toothbrush, replacement heads
- Eyewear upgrade **replacements**

ILOS Reminder: UCare can provide short-term home-delivered meals to UCare Connect and UCare Connect + Medicare members without other meal coverage following a discharge from an inpatient stay via In Lieu of Services (ILOS) benefits. ILOS benefits may be covered by UCare when they are a cost-effective alternative to a more expensive Medicaid-covered service (for example, ER or re-admission). More information is available here: ILOS Discharge Instructions.

For proposed changes to Connect Supplemental Benefits, see the attached DRAFT CT/CT + MED Additional and Supplemental Benefit Summary grids. Final versions will be posted to the website on or before 1/1/26.

SNBC Directory

DHS has an online Special Needs BasicCare (SNBC) Directory available on its website. Care coordinators or members can use this directory to find which plans are available in any Minnesota county of residence. The directory differentiates between the two types of SNBC plans available (integrated and non-integrated) and what is currently available for 2025 and what will be available in that county in 2026. Additionally, counties with frozen enrollment will be identified. The SNBC directory can be found here.



MSC+ AND MSHO NEWS

2026 MSHO Supplemental Benefit Changes

UCare's dual-eligible Special Needs Plan (D-SNP) products will experience significant benefit changes in 2026. Care coordinators and members are encouraged to carefully review the benefits documents and training this year to ensure understanding of all changes. UCare's goal was to preserve as much coverage in the most-used benefits categories as possible.

The 2026 Comparison Grid will soon be posted to the "Benefits Perks & Member Handouts Spark" on the Care Coordination (CC) Website. These are for CC awareness, and additional benefit details will be provided at the December Quarterly Meeting.

IMPORTANT: The coverage changes below will go into effect on **1/1/2026**

UCare MSHO Benefit Adjustments:

- Converted to Special Supplemental Benefits for the Chronically Ill (SSBCI) in 2026. Available to members with qualifying conditions of diabetes, congestive heart failure, hypertension, ischemic heart disease, depression, lipid disorder or anxiety.
- Healthy food allowance reduced to $170/quarter (SSBCI)

- Utility Allowance reduced to $125/quarter (SSBCI)
- Over-the-counter allowance increased to $140/quarter (all members)
- Flex Supplemental Transportation - Up to 2 round-trip rides per week to plan-approved locations, including AA/NA, healthy food allowance, participating grocery stores, and fitness clubs. (SSBCI)
- Supplemental crown coverage: **one** high noble metal fused to a porcelain crown per year
    - New: GrandPad blood pressure monitor available to GrandPad users with hypertension. The telemonitoring device connects to GrandPad.

UCare MSHO Discontinued Benefits

- Community education allowance
- Reemo activity tracker and blood pressure monitor
- Home & Bath Safety allowance
- PERS (non-EW) and PERS (non-EW) replacement
- Routine foot care
- Therapeutic massage
- Supplemental acupuncture
- Juniper evidence-based health education classes (health education classes available through OnePass)
- Dental: Gross removal of plaque
- Electric toothbrush, replacement heads (available under OTC)
- Eyewear upgrade **replacements**

ILOS Reminder: UCare can provide short-term coverage of specific Elderly Waiver benefits to MSHO and MSC+ members not on EW via In Lieu of Services (ILOS) benefits. ILOS benefits may be covered by UCare when they are a cost-effective alternative to a more expensive Medicaid-covered service (for example, nursing home stay or hospital admission). More information is available here: ILOS Instructions.

For proposed changes to MSC+ Supplemental Benefits, see the attached DRAFT MSC+/MSHO Additional and Supplemental Benefit Summary grids. Final versions will be posted to the website on or before 1/1/26.

Personal Emergency Response System (PERS) MSHO Supplemental Benefit

MSHO Supplemental Benefit for PERS is ending on 12/31/25. Authorizations will not continue in 2026. Therefore, care coordinators need to be mindful about upcoming assessments and NOT to renew the supplement PERS beyond 12/31/25. Care coordinators should also work with members to determine if members meet the nursing facility level of care and if the Elderly Waiver is appropriate to authorize PERS. Members may be eligible for PERS if utilizing Community First Services and Supports (CFSS) following the CFSS guidelines for Goods, Services and PERS.

DHS-6893L Temporary CFSS Service Delivery Plan Approval

To avoid a gap in CFSS services, DHS has outlined a new process for members without an approved DHS-6893P Service Delivery Plan (SDP) at the time of annual reassessment. The September 30, 2025, DHS eList Announcement provides instructions for Temporary CFSS SDP Approval.


Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-6893L-ENG 9-25

COMMUNITY FIRST SERVICES AND SUPPORTS (CFSS)

Temporary CFSS Individual Service Delivery Plan Approval

Your lead agency determined you can continue using the services on your previously approved CFSS Individual Service Delivery Plan until the lead agency approves your new plan.

Your information

FIRST NAME	MI	LAST NAME	DATE OF BIRTH

PMI	UNITS/DOLLARS APPROVED	START DATE

COMMENTS

Care coordinators should continue to work with Consultation Service (CS) providers and request that the member's DHS-6893P SDP be completed and approved by the care coordinator before the end of the member's current authorization.

If a member is using CFSS at the time of their reassessment and will not have an approved DHS-6893P SDP before the end of the current authorization, the care coordinator may use the DHS-6893L Temporary CFSS Individual Service Delivery Plan Approval process to prevent a gap in essential services.

Care coordinators may temporarily authorize personal care services using the MnCHOICES reassessment determinations. All other CFSS-related services, including PERS, goods and services, and Fiscal Management Services (FMS) fees, may also be temporarily authorized, but only at the same amount and rate as the previous authorization. Changes to goods and services (e.g., amount, rate or service provider), or the addition of items, may only occur once the new DHS-6893P SDP is approved by the care coordinator.

For additional information and specific UCare authorization processes, refer to UCare's CFSS Care Coordination Guidelines on the MSC+/MSHO Care Coordination page, specifically the PCA/CFSS Authorization drawer.

Elderly Waiver Transportation

When authorizing Elderly Waiver (EW) transportation, care coordinators must use DHS-enrolled Elderly Waiver service providers **and** follow rate limits outlined in the Long Term Services and Supports Service Rate Limits. If authorizing transportation, T2003 UC, with a common carrier provider, the maximum one-way rate is $20.21. Negotiated transportation rates are permitted only if the rate is less than the LTSS Rate limits. Each unit approved under transportation, T2003 UC, reflects a one-way ride.

Service Name	Service Unit	Procedure Code & Modifiers	Current Rate
Transportation	One Way Trip	T2003 UC	$20.21
Transportation, Mileage, Commercial Vehicle	Per Mile	S0215 UC	$1.54
Transportation, Mileage, Non-commercial Vehicle	Per Mile	S0215 UC	$0.70

A common carrier provider, either commercial or non-commercial vehicles, may receive payment for a one-way trip **or** mileage. A special transportation provider may receive payment for a one-way trip **and** mileage. All authorizations must comply with DHS policies outlined in the CBSM – Transportation.

DHS NEWS AND UPDATES

October 2025 MnCHOICES Release Summary

Resolved Current Functionality items: Fixed in the release (3 fixes, which include zero critical functionality items)

- MnCHOICES assessment heading-Description: The "Save" and "Save & Next" buttons on the assessment details screen stayed active when a MnCHOICES Assessment was in the Approved by MMIS status. After the June release, a user who selected one of these buttons caused the assessment to refresh and required a response to the "Complex medical and/or complex behavioral needs" field. This meant a user could not view screening documents because the completion requirements showed as unmet. [DHS ID 198026]
    - ❖ Changes made: The "Save" and "Save & Next" buttons are no longer active on the assessment details screen when a MnCHOICES Assessment is in the Approved by MMIS status.
- Support plan heading-Description: The care coordinator dropdown menu in the My care team (interdisciplinary care team) section showed a user's updated information after they changed the first and/or last name in their MnCHOICES account. When a user selected save, the name changed back to the old one. [DHS ID 195620]
    - ❖ Changes made: The care coordinator dropdown selection will retain the updated name when the form is saved and not revert to the previous name.
- Support plan signature heading-Description: The SP must have had a signature even when a person could not be located or refused to complete a support plan. Support plans could not be moved to the plan approved status without a signature. [DHS ID 165649]
    - ❖ Changes made: The user will have the ability to choose "Refuse to sign" or "Unable to locate" as a response in the drop-down menu for Method of obtaining signature from person in the person's signature. When either of these response options are selected, a narrative box "Describe attempts made to obtain signature or locate person" will display and require the user to enter text prior to saving. Selecting either of these response options and entering text in the narrative box will meet the completion requirements for the person's signature. Users can add attachments to a Support Plan in any status if a signature is later obtained.

Other changes made - not listed in the Current Functionality and Future Enhancements document:

- Description: In the Functional Assessment – Self-determination section, Self-preservation subsection, the response selected in the "24-hour plan of care" field did not display in the MnCHOICES Assessment printout or the Functional Assessment printout.
    - ❖ Changes made: The response for "24-hour plan of care" will now display in the MnCHOICES Assessment printout and the Functional Assessment printout.
- Description: DHS received feedback from the County-State Workgroup (CSWG) Assessment Efficiencies Subgroup regarding requested enhancements to the Assessment summary. These included removing certain text fields and enabling data to copy over from the previous Assessment summary.
    - ❖ Changes made: The following narrative fields have been removed from the Assessment summary section:
        - Introductory letter: "Your interest in the assessment"
        - Summary of your assessment - What I learned about you: "Planning considerations: Assessed needs and support planning implications."

These fields in the Assessment summary section will automatically populate with data from the previous assessment when the assessor chooses to copy over:

- Introductory letter fields, What to expect next fields that follow the date sent.
- Summary of your assessment sections, including the following sections:
  - What I learned about you
  - Referrals important to you.

- Description: When the Assessment type is Initial Assessment Review (IAR), the user was able to select and save any “Activity date”. There was no system validation to check whether the user selected an allowed “Activity date” for the IAR.
  - ❖ Changes made: The system will now validate the “Activity date” and show the following error message when the user selects an “Activity date” for Initial Assessment Review (IAR) that is outside the allowed activity date range: "The activity date must be between the Initial assessment activity date and up to 365 days from the Initial assessment activity date.”
- Description: In the Self-determination section under Informed choice subsection, the "Determination of program need" item should show two response options when the assessment type is Reassessment. The system showed two response options correctly when the assessment was online but showed four response options when offline.
  - ❖ Changes made: The "Determination of program need" item will now show two response options for Reassessment assessments, both online and offline.
- Description: When users ran a query for support plans, the query output (for all programs) showed the name of the person in the "Created by" column instead of the name of the staff member who created the form.
  - ❖ Changes made: The support plan query output will now display the name of the staff member who created the form in the "Created by" column.

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.