





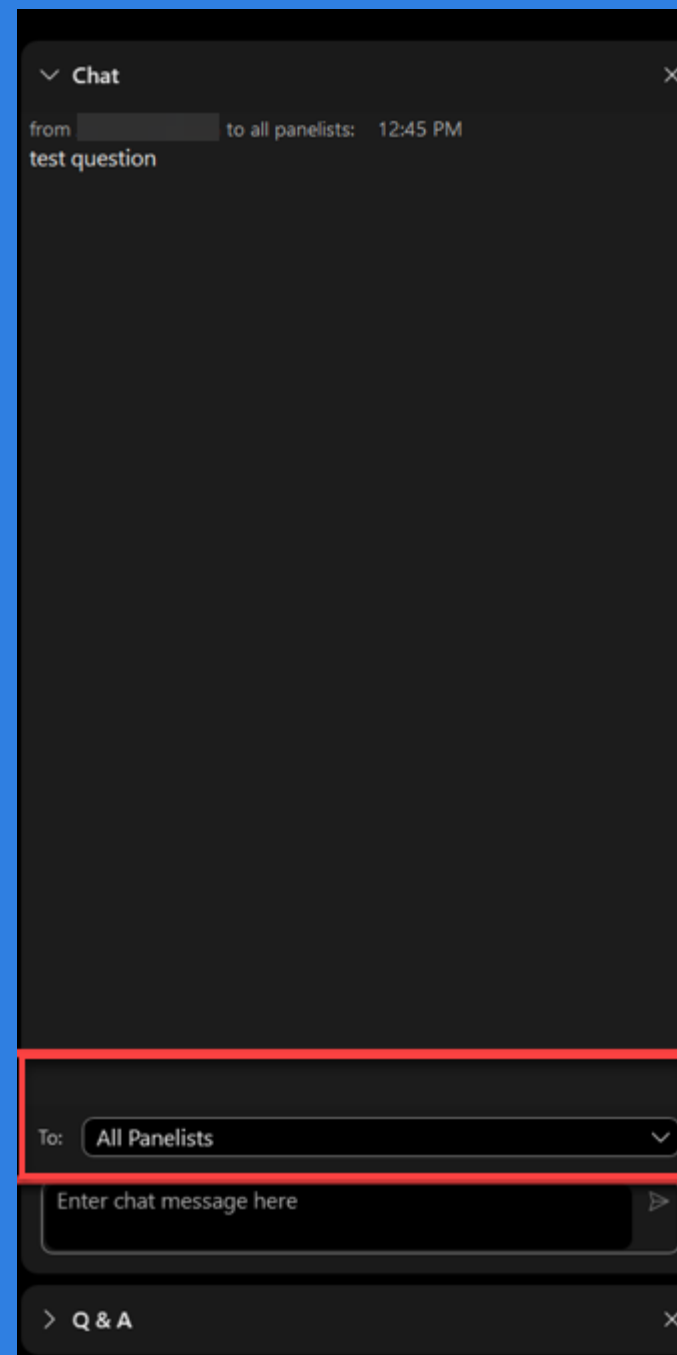
UCare Connect/Connect + Medicare & MSC+/MSHO

1st Quarterly All Care Coordination Meeting

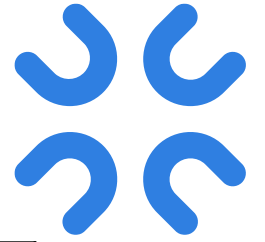
March 13, 2025



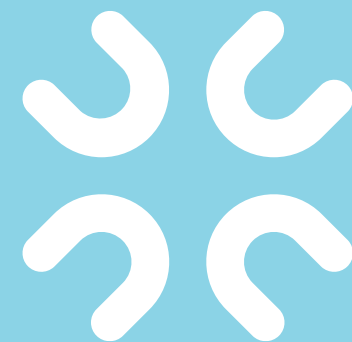
Questions welcome!



Today's Agenda



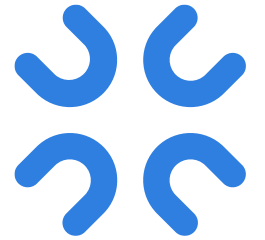
Time	Topic	Audience	Presenter
9:00–9:05	Welcome	All	Clinical Liaisons
9:05-9:35	Care Coordination Updates	All	Clinical Liaisons
9:35-9:50	Special Investigations Unit (SIU)	All	Mena Xiong & Rebecca Zaremba
10 Minute BREAK			
10:00-10:20	Second Harvest Heartland	All	Desiree Olson & Vicky Mendez
10:20-10:40	Mom's Meals	All	Roxanne Minott & Jana Martin
10:40-10:50	Healthy Benefits+	All	Lexi Ruehling
10:50-11:05	QRyde	All	Anthony Wilson, Brent Forbord, Jonathan Enering & Trent Brier
MSC+/MSHO Presentations (SNBC Optional)			
11:05-11:20	CFSS Updates	MSC+/MSHO	Samantha Rue
11:20-11:40	CDCS Unbundling	MSC+/MSHO	Dawn Sulland



Care Coordination Updates

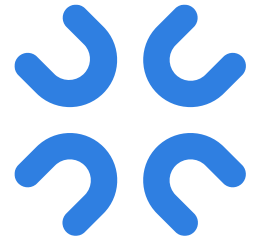
Presenters: Clinical Liaisons

2025 Care Coordination Meeting Schedule



UCare Product	Meeting Type	Date	Time
MSC+/MSHO and Connect/Connect + Medicare	UCare Quarterly All Care Coordination Meeting	June 12 September 11 December 11	9 am – 12 pm
MSC+/MSHO and Connect/Connect + Medicare	CEU Event	May August November	Topics and Dates/Times TBD
MSC+/MSHO	Office Hours	April 24 July 24 October 23	11:00 am-12:00 pm
Connect/Connect + Medicare	Office Hours	April 24 July 24 October 23	12:30 pm – 1:30 pm
MSC+/MSHO and Connect/Connect + Medicare	Housing Office Hours	3 rd Wednesday of the month	1:00-1:30pm

DHS-6037: MnCHOICES Lead Agency Transfer and Communication Form Reminders



Even when assessment information is in MnCHOICES the DHS-6037 is still required to be sent upon member transfer.

- Ensures continuity of care for the member
- In-progress services, DME, or resources
- Updates on the last interaction with the member/family

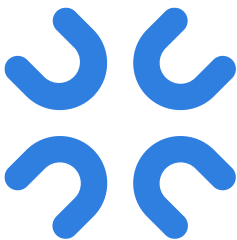
When an **EW member** is in their 90-day monitoring/grace period, 6037 **MUST** be sent to the County of Residence (COR) at **day 60** if the member is not active again with UCare.

- For MSC+ members, the 90-day monitoring period starts when MA terms and the member will fall off the roster.
- For MSHO members, the 90-day grace period starts when MA terms, however, they do not fall off the roster until the end of the grace period. This should be monitored by checking the “end date” column on the enrollment roster.



Dental Search: UCare Provider

[UCare Provider Search](#)



People

Places

Pharmacies

Drug List

Pick your plan

Search by name(Optional)

Choose a location

2025 Connect

Search by name or specialties

St Paul, MN, USA

Search

[Home](#) > [Search Results](#)

[Email Results](#) [Print Results](#)

Filter The Results By:

Clear Filters

Filter

Specialty

Dental X

Select Specialty

Language

Select Language

Distance(Optional)

within 60 miles

Search results display based on the location entered by distance.

Showing 1-10 of 312

Next >

Downtown Clinic Dental

Dental

Accepting new patients

424 Dorothy Day Pl

Saint Paul, MN 55102

0.72 miles away

(651) 602-7500

Add to compare

View Profile

Open Cities Health Center - North End

Dental

Accepting new patients

916 Rice St

Saint Paul, MN 55117

1.3 miles away

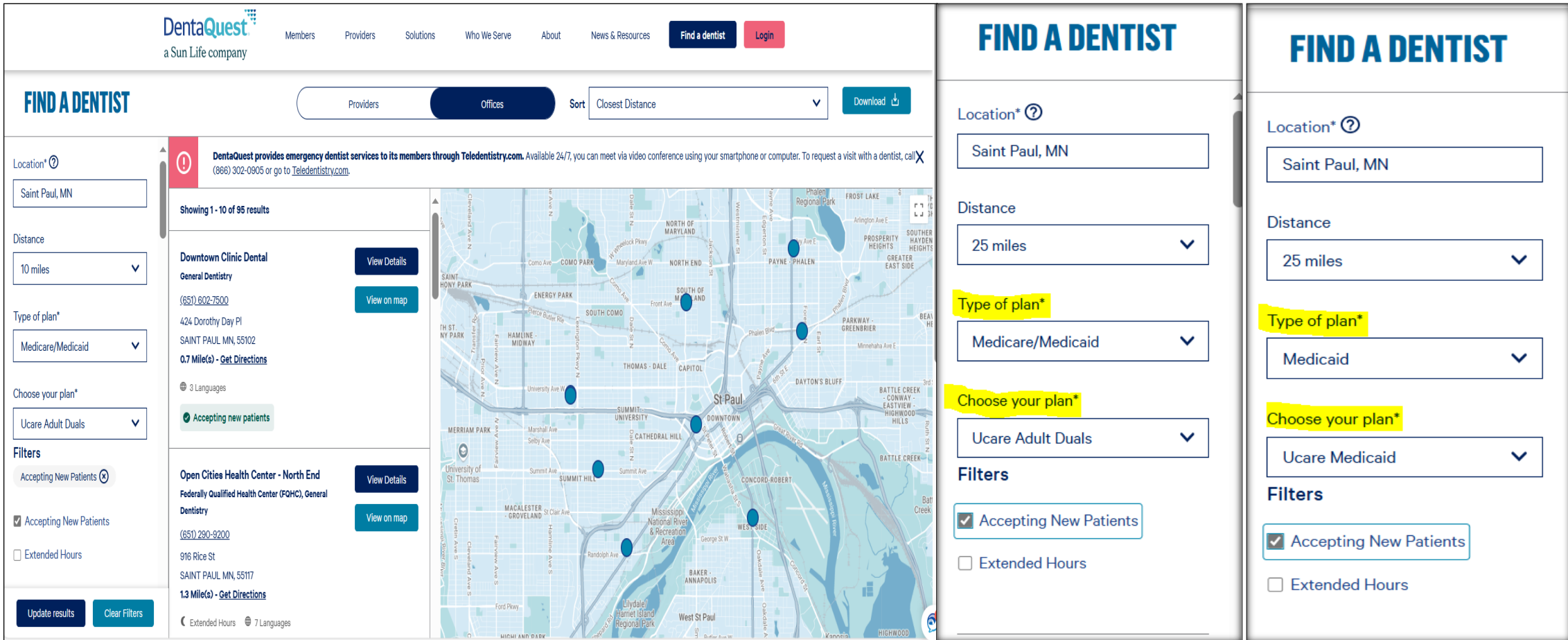
(651) 290-9200

Add to compare

View Profile

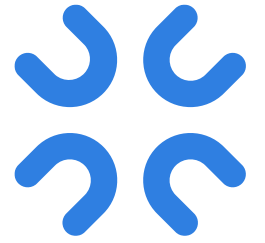
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[Find a Dentist](#) | [DentaQuest](#)



DentaQuest TeleDentistry

[Dentaquest - Teledentistry.com](https://Dentaquest-Teledentistry.com)



DentaQuest
a Sun Life company

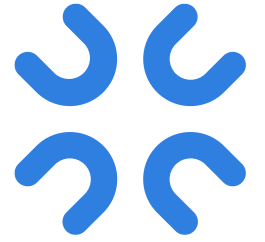
(866) 302-0905

DentaQuest
a Sun Life company

Emergency dentist Virtual Visits

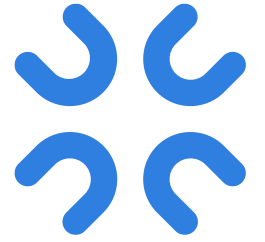
delivered by TeleDentistry.com

DentaQuest Phone Numbers and Resources

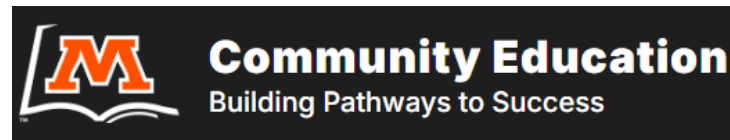


Phone Numbers	
What is the Medicaid (PMAP, MinnesotaCare, MSC+ and Connect) member phone number for DentaQuest?	888-227-3310
What is the Duals (MSHO and Connect + Medicare) member phone number for DentaQuest?	855-209-3155
What is MN Provider phone number for DentaQuest?	888-260-5152
What is the TTY phone number for DentaQuest?	800-466-7566
Dental Connection	888-227-3310/ 855-209-3155
Fraud Hotline	1-800-237-9139
Denta Quest Hours	
All other lines of business	8am – 5pm CST, Mon-Fri
Provider Services	8am – 5pm CST, Mon – Fri

One Pass Alternative – Sports and Fitness Classes

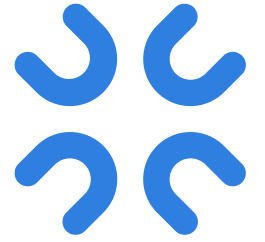


The Community Education Class Allowance supplemental benefit provides \$100 per quarter to UCare members on Connect, Connect + Medicare, MSC+ and MSHO through the Healthy Benefits+ Visa



Post-Discharge Meals In Lieu of Services (ILOS)

Connect/Connect + Medicare



In lieu of services are interventions that support Connect or Connect+ Medicare members who are not already receiving meals through another funding source and would benefit from meals to avert future healthcare costs. ILOS supports individuals to achieve health outcomes by preventing ER visits, readmissions, and more acute services/medication used as a result of the member facing barriers to healthy nutrition.



Benefit & Eligibility

- Two meals for up to 14 days
- Must follow hospitalization discharge within the last 30 days

Referral Process

- CC must verify:
 - Member need/food insecurities
 - Hospital discharge date within the last 30 days
 - No waiver eligibility via MNITS
 - Member is not receiving food support from another source
- CC submits [Mom's Meals Referral Request Form](#) to CLSintake@ucare.org via secure email

For more information:

[In Lieu of Services Request CC Instructions](#)
[ILOS DTR Form](#)

Ending In Lieu of Services (ILOS)

CT/CT + Medicare Post-Discharge Meals

Upon completion of the requested ILOS service span, a Denial/Termination/Reduction (DTR) is not required.

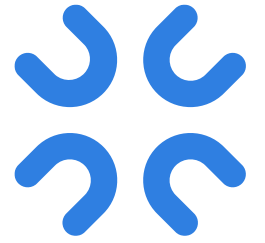
- Due to the short-term nature of the service, a DTR will be rare
- If the member is not satisfied with the taste of the meals, CC can assist in changing the meal plan to a different choice

DTR when:

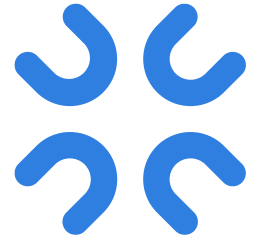
1. The member would still like to terminate meals prior to the end of the two-week authorization period
 - a. Notify Mom's Meals via the Call Center (833) 444-4038 to cancel services
 - b. Complete ILOS DTR Form and send to CLSIntake@ucare.org
 - Select Reason Code: 1602; services are being terminated at the member's request
2. Upon admission to a nursing facility
 - a. Notify Mom's Meals via the Call Center (833) 444-4038 to cancel services
 - b. Complete ILOS DTR Form and send to CLSIntake@ucare.org
 - Select Reason Code: 1106; services are not covered in your benefit set

For more information:

[In Lieu of Services Request CC Instructions](#)
[ILOS DTR Form](#)



PointClickCare Update



98% of UCare partners are either live or actively engaged with becoming live with PCC.

Thank you for your patience:

- UCare is working on reducing the DAR
 - The DAR will remain for members not identified in PCC (for example: MHSUD/out-of-network hospital) and for Service Authorizations
- Continue to progress toward a solution for uploading delegate panels!

[Reference: PCC Overview](#)

Gaps in Care Update

A Gap in Care is a missing preventative care measure identified using claims information for CT/Connect + Medicare, MSC+, and MSHO Members.

Star Ratings informs members about how UCare is doing in terms of the quality of health services provided by UCare and our provider network.

Star Ratings support supplemental benefit offerings and help keep premium levels low for our members.

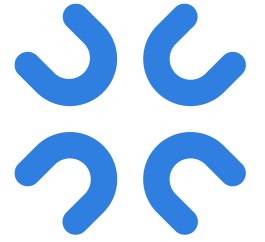
2025 GAPS in Care Reports Resuming

Improved reports! – freeze headers, acronyms on read me, color coding

[Gaps in Care Training](#)



Gaps in Care Update (continued)



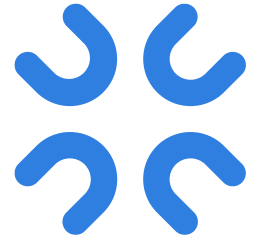
Importance of the Annual Wellness Visit

1. Kidney health
2. Blood pressure
3. Diabetic screenings/labs
4. Colorectal cancer screenings
5. Breast cancer screenings

How you can help:

- Talk about AWW – educate
- Review “what gets in the way”
- Remove barriers
- Assist with scheduling
- Provide reminders, encouragement and praise!
- Set up transportation

MnCHOICES User Recertification



The first-ever MnCHOICES recertification is in progress!

What to expect:

- Delegates will receive a report of MnCHOICES users with instructions on next steps
- Leaders will respond, confirming each user's need for access by selecting "Keep" or "Remove"
- For users who require access and are out of compliance with training requirements, compliance will be required to maintain access.

How to prepare:

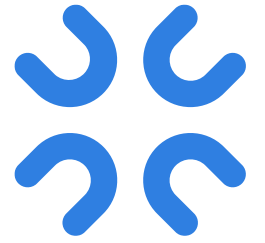
- Ensure all active users are up to date with [Handling MN Information Securely](#) training and their PW/X1 ID is listed in the "employee ID" field



Home and Community Based Service Exception Request –

Updated!

MSC+/MSHO

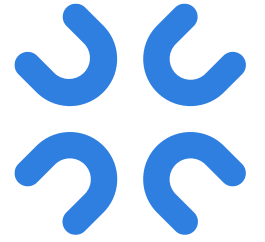


- UCare is combining the Additional or Substitute Home and Community Based Service Exception Request form and the Request to Exceed Case Mix Cap forms.
- Care coordinators should complete the form in its entirety.
- This form is for MSC+/MSHO care coordinators to request a service or item/good that the member is requesting that UCare pays for it and care coordinator supports the need for the service.
- The care coordinator is submitting this on behalf of the member.
- The form will be submitted to CareCoordinationReviews@ucare.org

UCare Special Investigations Unit (SIU)

Mena Xiong, Senior Investigator and Training Specialist
Rebecca Zarembo, Senior Investigator

UCare SIU – Purpose and Definitions

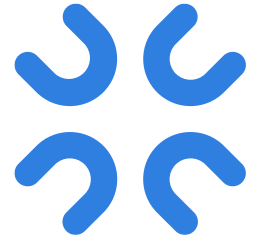


SIU's Mission: *The prevention, detection and investigation of potential fraud, waste or abuse (FWA) by providers or members for all lines of business.*

Fraud, Waste and Abuse Program | Policy Number: CCD001

- **Fraud:** An intentional deception or misrepresentation made by a person with knowledge that the deception could result in some unauthorized benefit to him/herself or some other person. It includes an act that constitutes fraud under applicable federal or state law.
- **Waste:** Over-utilization of services and the misuse of resources that are not caused by fraud or abuse.
- **Abuse:** A pattern of practice that is inconsistent with sound fiscal, business, or medical practices.

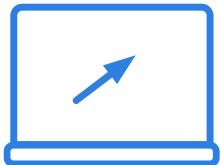
UCare SIU – Reporting Suspected FWA



Compliance Hotline: (877) 826-6847

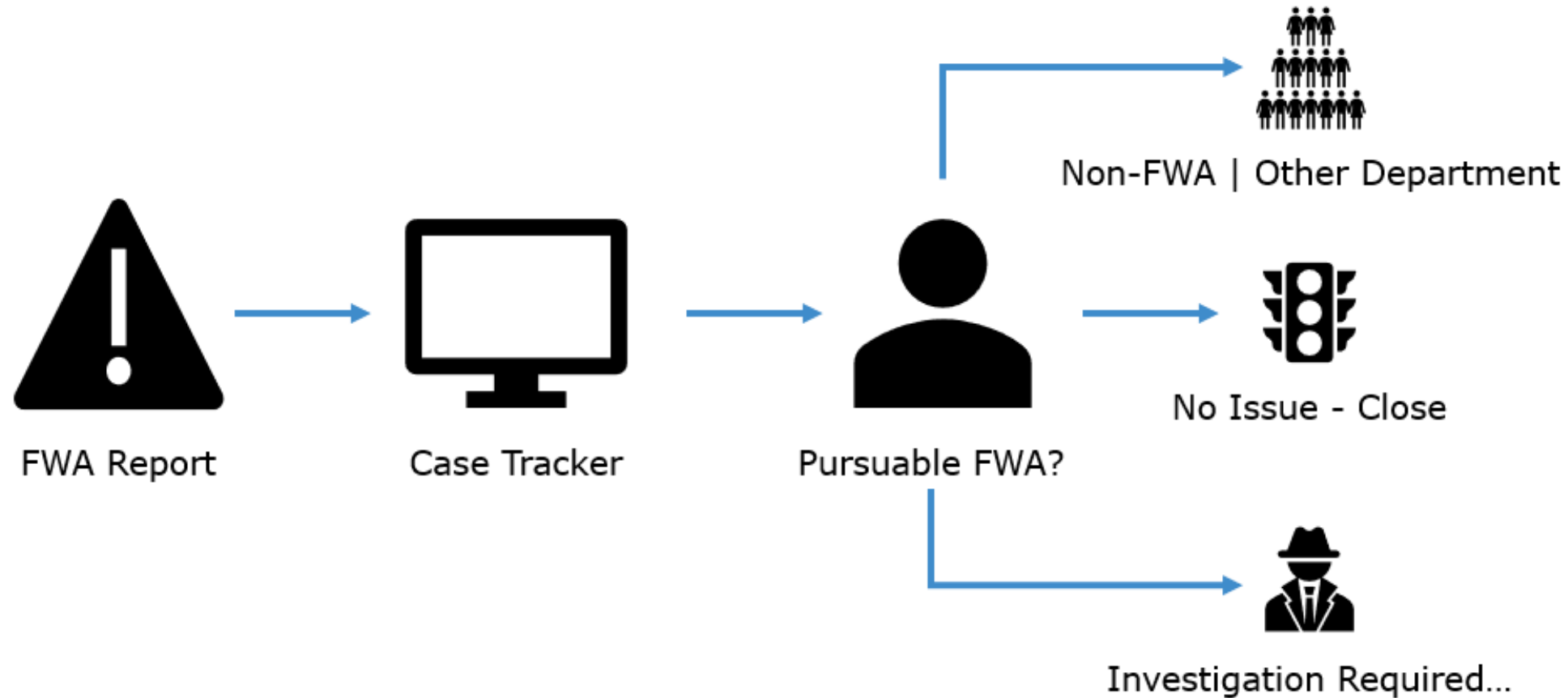
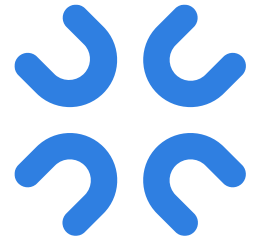


Compliance Email: compliance@ucare.org

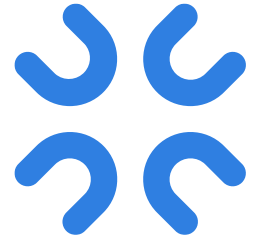


UCare Hub Site (Internal Only): Tools > Report a Compliance/FWA/Privacy Incident

UCare SIU – Triage Process



UCare SIU - Investigation

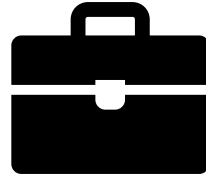


10 Investigators

Backgrounds Include:

- Social Workers
- Data Analysis
- Pharmacy Techs
- Healthcare

Investigators



SIU Tools

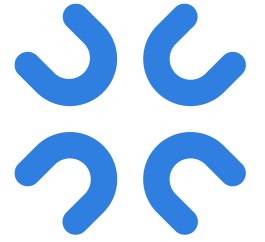
- Claims
- Internal Systems, i.e.
 - Guiding Care
- External Systems, i.e.
 - FWA Analytics
 - Search Tools
- Other Business Areas
- Record Requests/Review
- Law Enforcement
- On-Sites
- Surveillance
- Interviews



Potential Outcomes

- No Findings of FWA
- Education
- Referral to Other Department
- Corrective Actions
- Payment Suspension
- Referral to Regulator(s)
- Referral to Law Enforcement

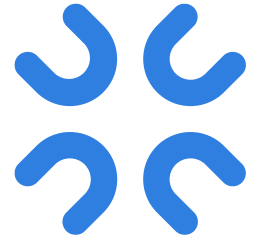
Referrals from Care Coordination to SIU



- SIU welcomes any referrals from Care Coordination. Examples of previous referrals include:
 - Services not being rendered to members as reported
 - Possible overlapping services a member is receiving
 - Discrepancies in services shown on Explanation of Benefits mailings
 - Discrepancies in services rendered vs. authorized services
- Submitting a referral to UCare's SIU does **NOT** replace any necessary mandated reporting actions. If a mandated reporting action is warranted and the report is provided to the applicable agency, please describe this action in your referral to the SIU.

When in doubt, submit!

What to Expect from SIU



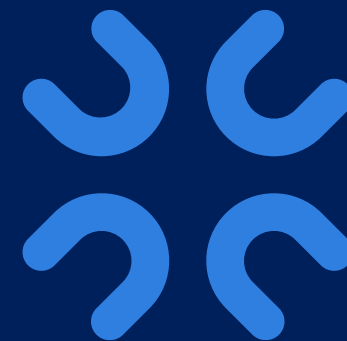
- During Investigation:
 - Reporting Party may be contacted to clarify information submitted to SIU
 - Reporting Party may be contacted by SIU for member's best contact information
 - Reporting Party may be contacted for experience with member and/or provider
- Resolutions:
 - Activities and findings of an investigation are confidential
 - Clinical Services may be contacted to transition a member(s) as part of a provider no longer being able to provide services
 - Clinical Services may be contacted for outreach to member of investigation findings, if deemed necessary

QUESTIONS?

THANK YOU!

10 Minute Break





Second Harvest Heartland

Desiree Olson & Vicky Mendez

The Second Harvest Heartland *and* Healthcare Partnerships

March 13, 2025

Desirée Olson – Neighbor Services Outreach Supervisor

Vicky Mendez - Neighbor Services Outreach Specialist



1 in 5 Minnesota
households

ARE FOOD INSECURE

Here is a snapshot of the ways
Second Harvest Heartland
works to end hunger together.

Programs at SHH

- Care Center
- SNAP Outreach
- CSFP/NAPS
- FOODRx
- Kitchen Coalition

FOOD BANK SOURCES & DISTRIBUTES FOOD



FOOD BANK ALSO RUNS PROGRAMS THAT FIGHT HUNGER



CARE CENTER CONNECTIONS,
SNAP ASSISTANCE



SENIOR HUNGER
OUTREACH



FOOD RX



KITCHEN
COALITION



Meet the team!

- 35 Full-Time Staff Members
- 1 Part-Time Language Support Members
- 7 Regular Volunteers
- 5-7 Interns

Neighbor Services Team at Second Harvest Heartland



- SHH's SNAP Outreach is one of the top 10 SNAP Outreach Programs within the national Feeding America network & carries 40% of Minnesota's SNAP Outreach caseload.
- We currently conduct SNAP Outreach activities in 17 counties and assist people in the whole state over the phone and Internet with the care center.
- Through the launch of the Care Center in October 2023, we have 4 Language Specialists on staff including English, Spanish, Somali, and Hmong. More languages are supported through *Language Line*. We are also able to directly enroll eligible neighbors in CSFP/NAPS.
- We always offer additional food and other resources!

Neighbors earning lower incomes secure meals and groceries through one-on-one support that is compassionate, comprehensive and 100% confidential.



second harvest
HEARTLAND®

care
center

SHH Care Center: What We Do

Assist neighbors in securing the food and other help they need via phone, text, or email.

- Support neighbor in navigating food resources and programs – like food shelves, SNAP and CSFP
- Assistance on applications/questions, finding a local food shelf, free meals for kids, nutritious food boxes for seniors with CSFP, and more!
- Provide information on additional community resources, as food insecurity does not happen in a vacuum and want to assist in any way we can.



LIVE CALLS AND
SCHEDULED CALL BACKS



SUPPORT IN MULTIPLE
LANGUAGES

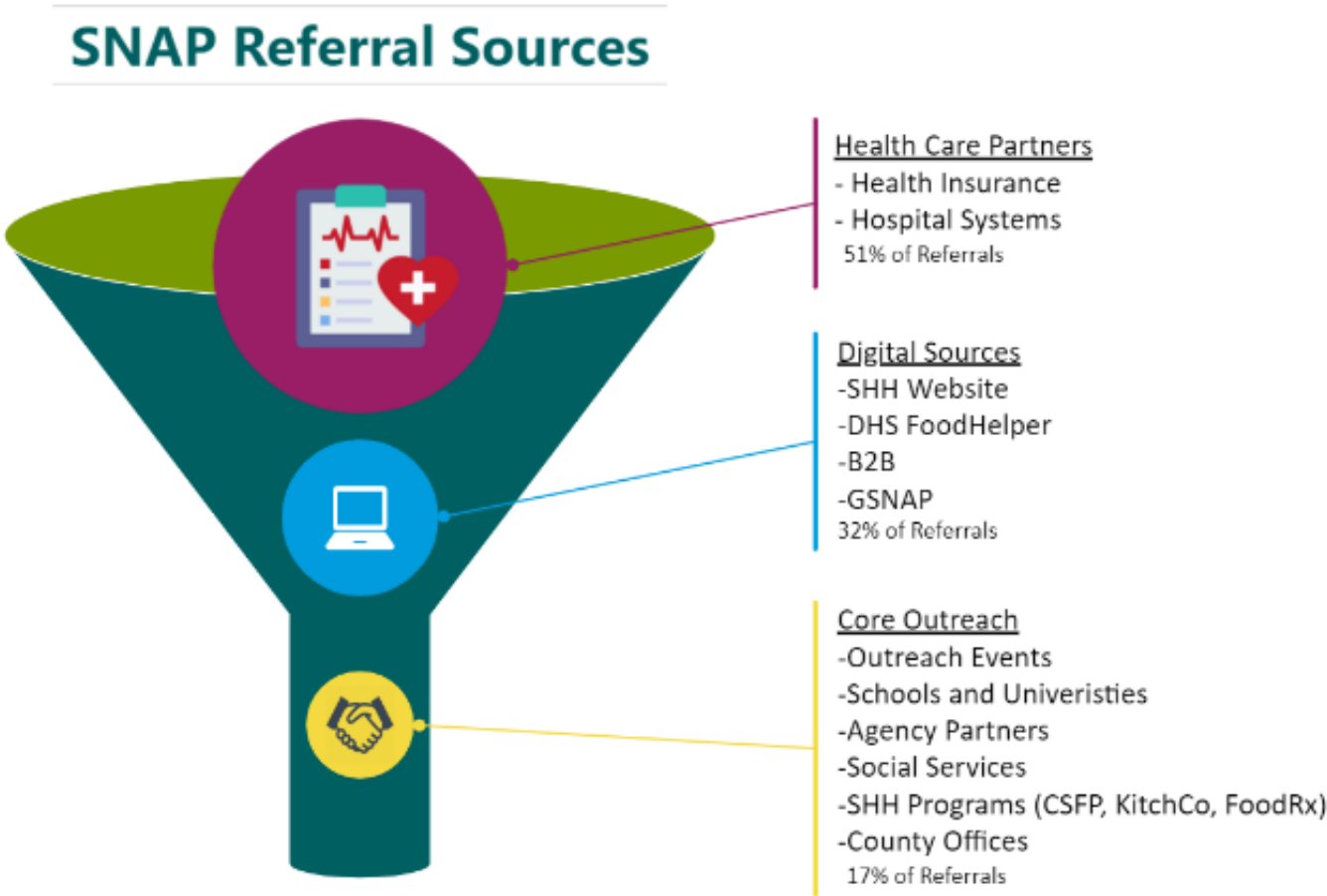


RESOURCES OFFERED
ONLINE OR OVER THE PHONE

Care Center referrals come from many sources



FY24 15,565
unduplicated
referrals (cases)



Detail: Care Center Support



SNAP Application Assistance

- 10-page application
- Supporting documentation and an interview are required.
- 1 week to 6-week processing time (depending on county and other factors).
- Pandemic-era Waivers have ended, creating loss of efficiencies
 - No longer able to accept over-the-phone signatures
 - Back to mailing applications for wet signature
 - New rules for different demographic groups (college, seniors, veterans, etc.)
 - Continued fear about Public Charge (neighbors, partners, providers)

CSFP Enrollment

- Simple application
- Eligibility determined same day as contact
- 1x per month distribution at designated location

FOODRx/Healthcare –

- Enrollment and Engagement calls
- Contracts with various healthcare and insurance partners
- Chronic Disease focused food boxes & nutrition counseling with some partners
- Connect to SNAP.

Resources Connections

- Curation of resources tailored to neighbors' needs
- Consolidating resources – currently have over 700 food resources alone!
- Hundreds of other resources that support root causes of poverty e.g., utility, housing, health care, transportation support



Neighbor Story: Myth Busting



9/6– Health Care Referral

From the Neighbor:

Was concerned about getting help. She "heard on the news" yesterday that her kids would have to pay back any benefits when they turn 18 and she doesn't want to burden her children if they can get by.

Touchpoints with Neighbor: 2 phone calls (Newer staff and wanted to be clear on this prior to answering the question.)

OUTCOME for Neighbor: Neighbor was given correct information and will think about applying in future.

From Staff: There are so many myths – another one is that if you sign up for assistance, your kids will be drafted into the military. Also not true!



Neighbor Story: Senior looking for help



10/4: Incoming call

From the Neighbor:

Applied for SNAP 2 months ago in Washington County. Never heard from anyone.

Touchpoints with Neighbor: 1 call (12 minutes) and 1 email.

OUTCOMES for Neighbor:

- Signed up for CSFP monthly distribution with pick-up first week of month – can still get a box Thursday or Friday!
- Provided county contact information and detailed instructions on supporting documents and how the process works so he is empowered to reach out on his own.
- Emailed Resources including Fare For All, Produce Distributions, Medical resources, Energy Assistance, Tax assistance, etc.



Strength of UCare and SHH Partnership

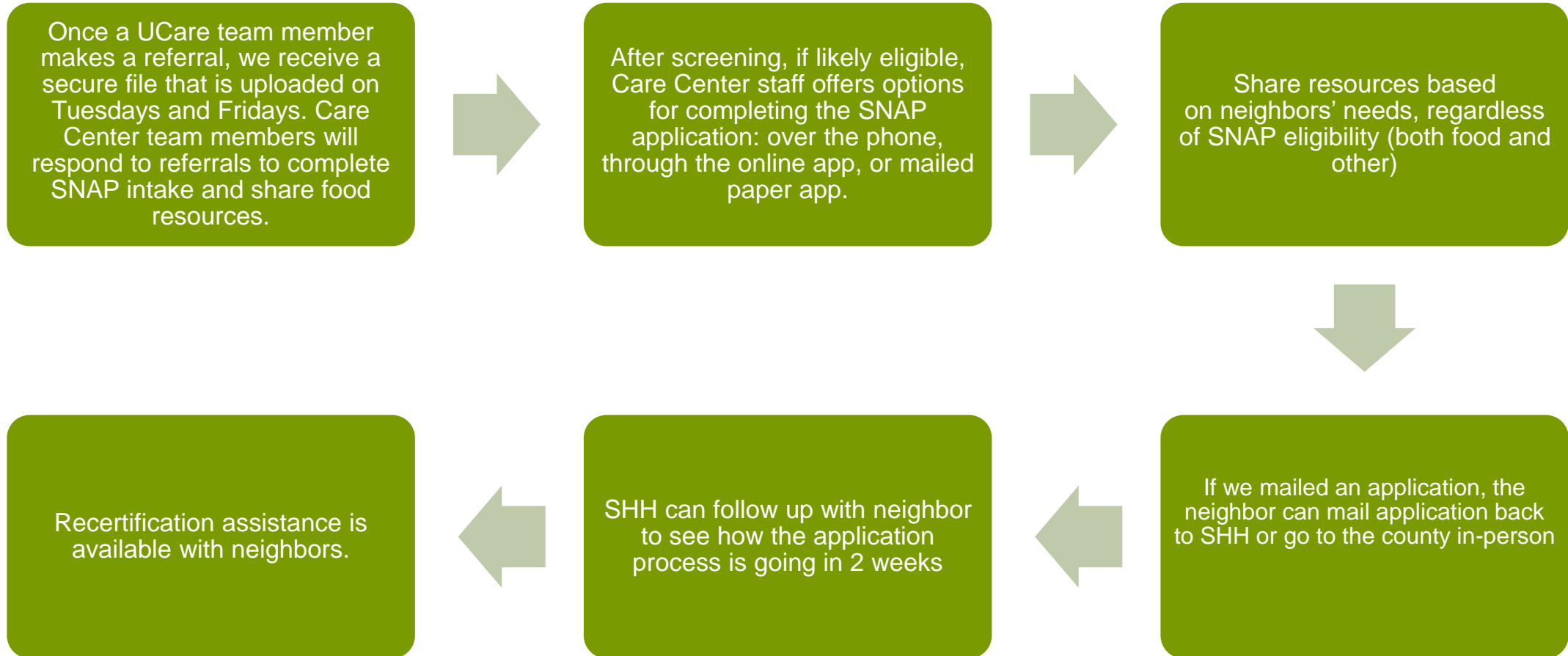
- UCare SNAP Referral Outcomes in 2024
- Referrals: 3359
- Full & Partial SNAP applications: 1290
- 71% of Neighbors reached, requested and received additional resources



a program of the food group



What Happens After I Send a Referral?



The Basics of SNAP

- SNAP (Supplemental Nutrition Assistance Program) is the federal and state name for food assistance.
- Many people refer to the program as the Electronic Benefits Transfer (EBT) card or Food Stamps.



SNAP helps Minnesotans with low income to get the food they need for secured nutrition & well-balanced meals.



- NOT intended to meet the entirety of one's food budget needs. Helps supplement monthly food budget.
- EBT card is used like a debit card to purchase food/grocery at grocery stores.
- Estimated Average monthly benefit in MN...
 - in FY19: \$111/person/month
 - in FY24: \$189/person/month
- Minimum of \$23/month
- Benefits are provided monthly on an EBT card that is used at retailers much like a debit card.
- Benefits may be used for up to 9 months
- Card MUST be used once every 9 months to keep it active and not lose benefits.
- Benefits may be used to purchase food items only. Participant chooses the food that works for them.



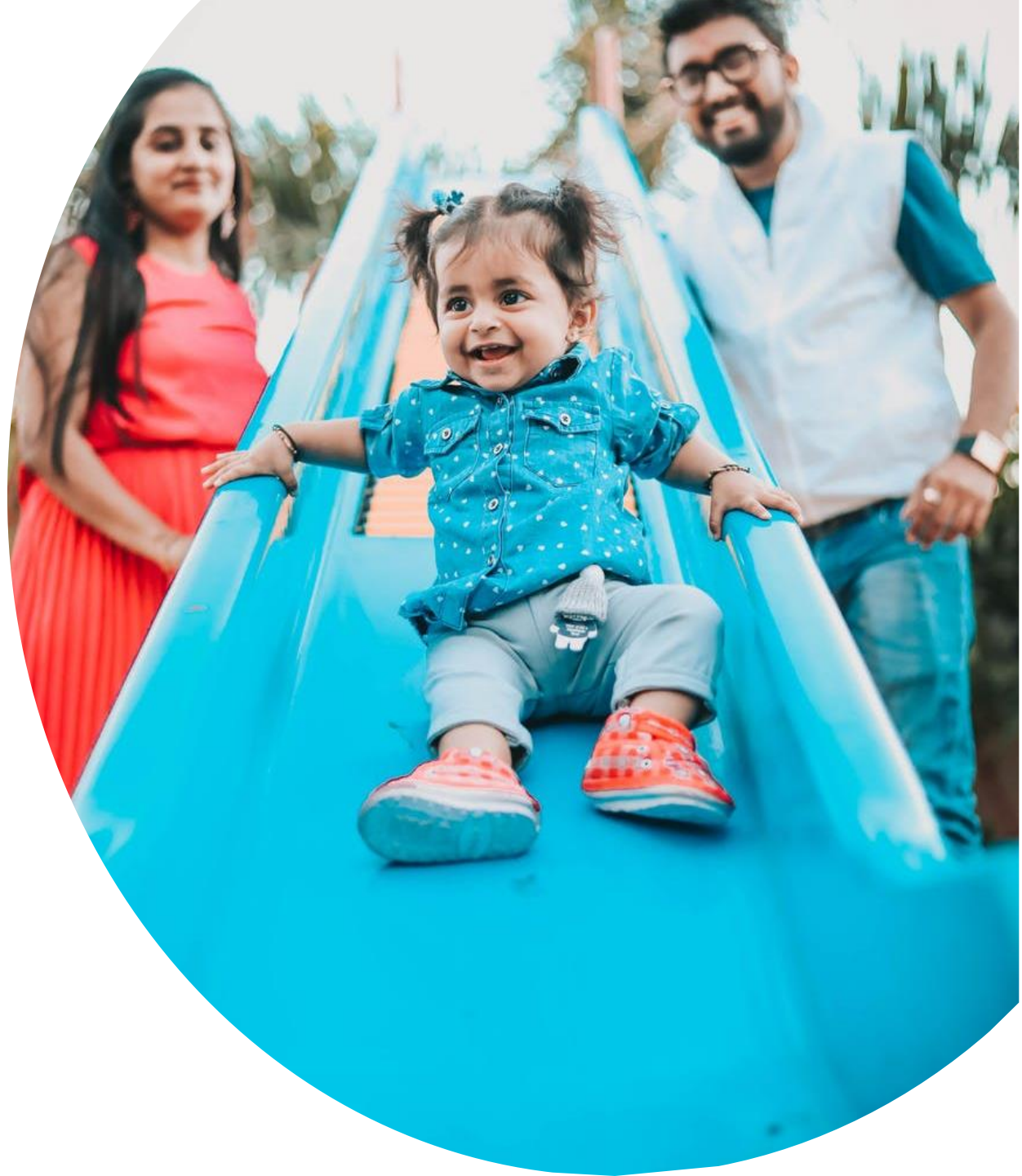


Who benefits from SNAP?

- **Low-income families and individuals**
 - SNAP provides dollars that are spent on grocery items, helping to stretch food budgets and allow families to make healthy choices.
 - SNAP provides the ultimate “client choice” system – people purchase what they want, when they want it, at the store of their choice.
- **Communities**
 - \$5 spent in SNAP benefits generates \$9.20 in community spending. (USDA)
 - SNAP dollars typically stay in the local economy.
- **Food Shelves**
 - SNAP benefits help relieve pressure on emergency food providers, enabling them to provide more assistance to those who do not qualify for food stamp benefits.

SNAP Eligibility

- SNAP is a *federal* program that is directed through the *state* of MN and administered through *counties*.
- Each State administers SNAP differently & has discretion to choose waivers to certain federal regulations.
- SNAP eligibility in Minnesota is based on:
 - Household size
 - Gross monthly income
 - Citizenship
 - Student Status (enrolled in higher education)
 - ABAWD regulations



SNAP Eligibility: Income Eligibility

Monthly Income

In MN - Gross Income must not exceed 200% of the federal poverty guidelines (new increase that took effect 10/1/2023). (Federal is 130% FPG)

Income includes:

- Earned Income (wages/salary from employment/self- employment)
- Unearned Income (Unemployment Benefits, Social Security payments, Child Support)

SNAP Income Guidelines for MINNESOTA Valid through 9/30/2024

Household Size	Family Monthly Income 200% FPG (Before Taxes = Gross)	Household Size	Seniors/Disabled Adults Monthly 100 % FPG (After Taxes = Net)
1	\$2,510	1	\$1,255
2	\$3,407	2	\$1,704
3	\$4,303	3	\$2,152
4	\$5,200	4	\$2,600
5	\$6,097	5	\$3,049
Each additional	\$897	Each additional	\$449

- Household Size:
 - A household is defined as anyone who lives together and purchases and prepares food together

Types of Households:

Individual (household of one)

Family (includes single adults with or without children who are not 60+ or disabled)

Roommates (can apply together or separately)

Seniors (60+)

People with Disabilities

SNAP Eligibility: Citizenship

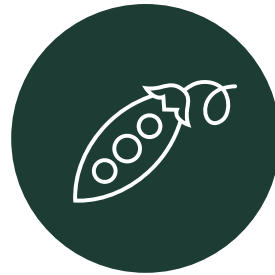
- All US citizens are eligible
- Legal Permanent Residents (LPRs) are eligible after 5 years of residency and appropriate verification
- Refugees/Asylees are eligible
- U.S.-born children of non-citizens are eligible
- All eligible members must have a valid social security number

Note: The only public benefits considered in the public charge test are: Cash assistance programs that provide ongoing payment (SSI, TANF, and GA) and Long-term care: nursing home at government expense



PARTICIPATION IN SNAP

As of September 2022, the federal government declared that participating in public benefit programs, such as SNAP, WIC, and Medicaid, **will not** affect immigration status or applications.



NOT LEGALLY PERMITTED TO ASK

If an undocumented parent applies for SNAP on behalf of a U.S. citizen child, the county is not legally permitted to ask questions about the parents' status.



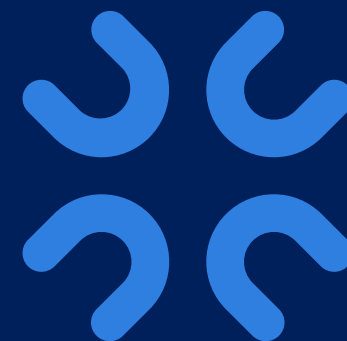
FREE & CONFIDENTIAL LEGAL ADVICE

- Mid-Minnesota Legal Aid 800-292-4150
- Southern MN Regional Legal Services (SMRLS) 888-575-2954

Thank you!

Questions?





Mom's Meals

Roxanne Minott & Jana Martin

HOME DELIVERED NUTRITION: Presented to UCare

Jana Martin & Roxanne Minott

March 13th, 2025

Mom's Meals®, A PurFoods® Company
MomsMeals.com | 1.866.716.3257

Confidential and Proprietary

MOM'S
MEALS®



SINCE
1999



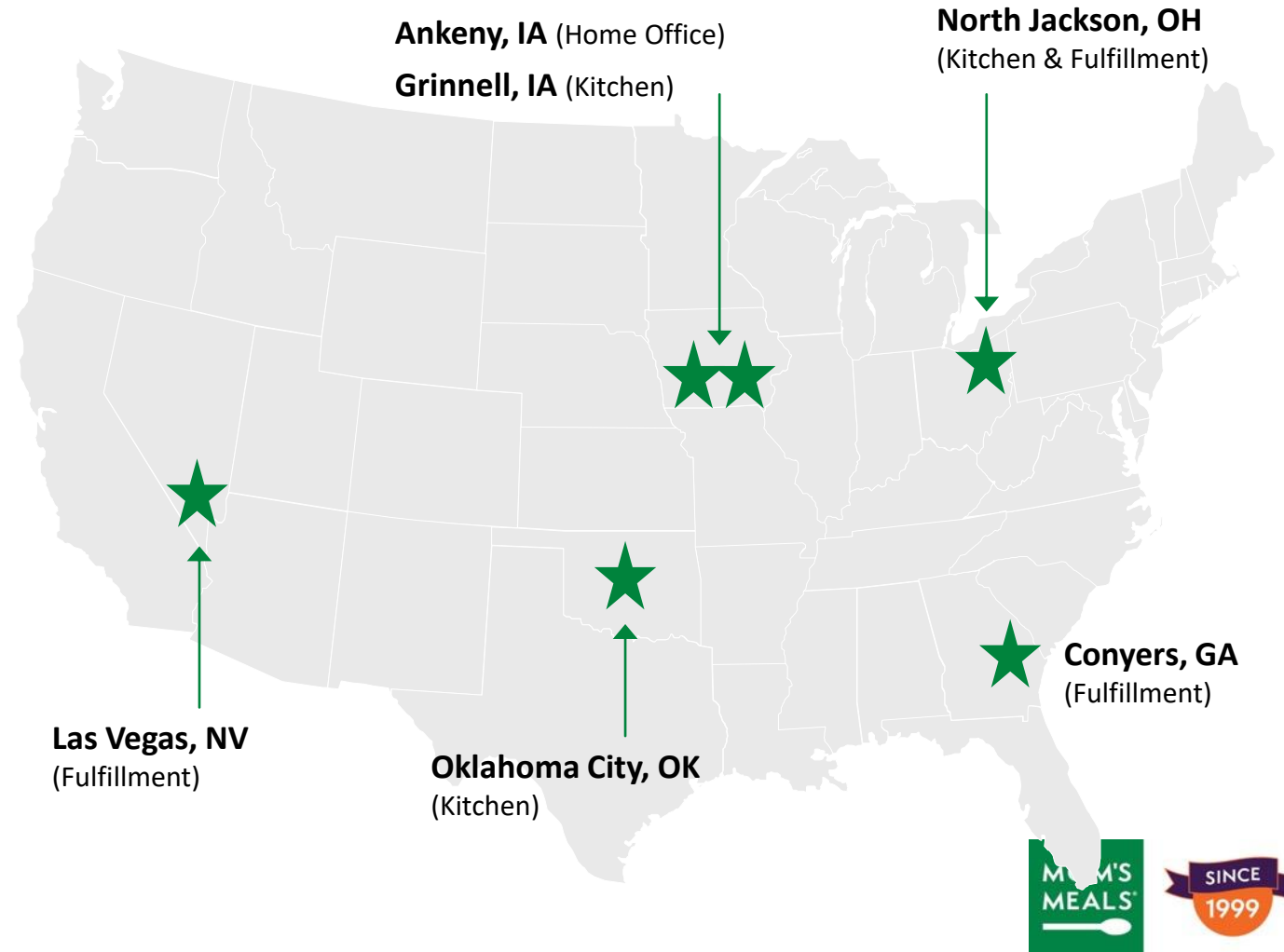


MISSION

Improving life through
better nutrition at home.

LEADING NUTRITION SOLUTIONS COMPANY

- Founded in 1999, headquartered in Ankeny, Iowa
- National Provider of home delivered meal programs
- 2,200+ employees, senior management with deep food and healthcare industry experience
- 60+M meals delivered annually





OUR DIFFERENCE



Refrigerated



Medically
Tailored



Choice of Every
Meal, Every
Delivery*



Delivery to
Any
Address



Compassionate
Customer
Service

*Initial deliveries will have a variety of meals based on dietary preferences.



2025 UCARE MA/MSHO MEAL BENEFITS

Medicare Advantage Post Discharge

- 28 meals for CHF diagnosis only (2 weekly coolers of 14 meals)

MSHO/DSNP Post Discharge

- 56 meals non-waiver (4 weekly coolers of 14 meals)

Aspirus Health Post Discharge

- 28 meals for CHF diagnosis only (2 weekly coolers of 14 meals, unlimited)



In-Lieu-of Service MEAL BENEFIT OVERVIEW



MOM'S
MEALS®

SINCE
1999

ILOS Program Overview- Connect/Connect + Medicare/PMAP

SUPPORTS POST DISCHARGE POPULATION



Medically Tailored Meals (MTM)

2 meals/ day x 2 weeks = 28 meals
No annual Cap



Referral Submission

Mom’s Meals Referral Form



REFERRAL FORM



Today's Date: _____ Authorization Number: _____ Primary Dx Code: _____
Member ID #: _____ Medicaid ID#: _____

UCare Internal Eligibility Documentation:

Recent Inpatient Stay? ☐ Yes Date of Discharge: _____
☐ PMAP ☐ Connect ☐ Connect + Medicare
Currently receiving meals through other funding sources? ☐ No
Supporting short-term food insecurity or improved health outcomes with proper nutrition? ☐ Yes

Person Making Meal Referral:

Case Manager/Care Coordinator Name: _____
Phone: _____ Email: _____

Person Receiving Meals:

Name: _____ Street Address: _____ Apt/Unit: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
Email Address: _____ Date of Birth: _____ Gender: ☐ Female ☐ Male ☐ Unknown
Preferred Language: ☐ English ☐ Spanish or Other: _____
Secondary Contact (if recipient unreachable): Relationship to Meal Recipient: _____
Name: _____ Phone: _____ Email: _____

Meal Plan Selection: Post Discharge: 2 meals/day x 2 weeks (28 Total Meals)
Authorization Start Date: _____

Desired Menu Type (Make only one selection per column.)	Choose by marking with "X"
General Wellness (Meets ½ Dietary Reference Intake, Dietary Guidelines) If specific health condition meals or food preferences are needed, check the appropriate box below (if applicable) <input type="checkbox"/> Vegetarian <input type="checkbox"/> Protein Plus	
Heart-Friendly/ Low Sodium (sodium <800mg, fat <30%, sat fat <10%)	
Diabetes-Friendly (carbs <65g/meal, sodium average 570mg/entrée 810mg/meal)	
Renal-Friendly (sodium <700mg, potassium <833mg, phosphorus <300mg)	
Gluten-Free (tested less than 20ppm, not a dedicated kitchen)	
Pureed (for dysphagia patients and those with difficulty swallowing)	
Allergens: <input type="checkbox"/> Milk <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Sesame <input type="checkbox"/> Egg <input type="checkbox"/> Peanut <input type="checkbox"/> Soy <input type="checkbox"/> Wheat If the Allergen is contained anywhere in the meal kit, the meal will not be available to your client	
Special Delivery Instructions/Allergens/Food Preferences: <div style="height: 100px; border: 1px solid black;"></div>	
Fax Form to UCare CLS Intake at (612) 884-2185 or (866) 402-5018. For questions, please call (612) 676-6705 or email CLSintake@ucare.org.	



Mom's Meals Quick Resource Guide

Intake Contacts

CTintake@momsmeals.com

For referrals, terminations and menu updates

Monday-Friday 7am-5pm CST

1-866-224-9485

Customer Care

orders@momsmeals.com

For member/ client use only and changes or questions about deliveries

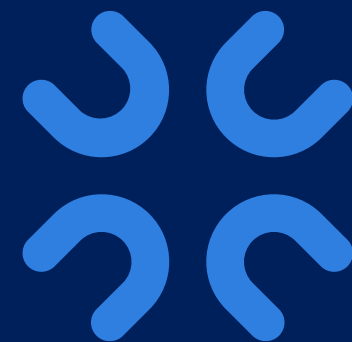
Monday-Friday 7am-6pm CST

1-866-204-6111

Account Manager

Roxanne.Minott@momsmeals.com

For day-to-day questions, concerns, training, reporting and MORE



Healthy Benefits+ Visa Card Overview

Lexi Ruehling

Healthy Benefits+ Visa Card

- Allowances
 - Over the Counter/OTC
 - Prescription Eyewear
 - Combined Flexible Benefit - dental/vision/hearing
 - Healthy Food
 - Utility
 - Transportation
 - **Community Education (NEW!)**
- Rewards
- Weekly Grocery Discounts

healthy benefits+

PO Box 52
Minneapolis, MN 55440-9682
Ucare.
Important Plan Information

<<Firstname Lastname
Address 1
Address 2
City, State, Zip>>

Activate your card to start spending

Your Ucare Healthy Benefits+ Visa® card is here. When your 2024 coverage begins, you'll get:

<<\$XXX>>
twice a year on over-the-counter (OTC) items

<<\$XXX>>
annually on prescription eyewear expenses


weekly discounts on groceries

Coming to your mailbox soon.
Keep an eye out for your 2024 OTC catalog.

If prompted, your PIN is the last 4 digits of your card number.

Your allowance will automatically load onto your card. Your OTC allowance expires on June 30 and December 31. Your prescription eyewear allowance expires on December 31. Allowances expire upon termination of your plan.


The easiest way to activate your card



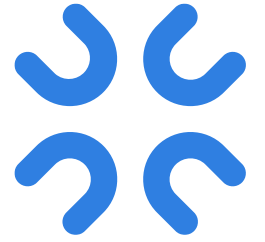
Scan the QR code to download Healthy Benefits+™ mobile app.

You can also activate your card at HealthyBenefitsPlus.com/Ucare or by calling 1-855-256-4620 (TTY 711).

Shopping instructions on the back

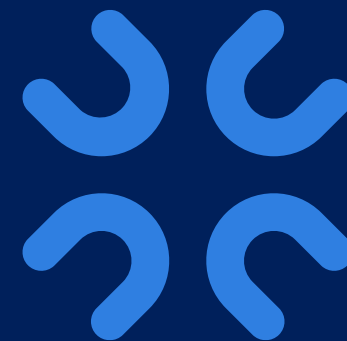


UCR2024

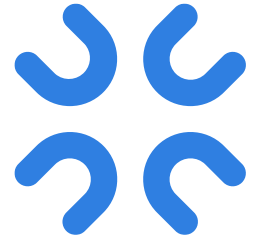


How Members Can Use Their Card

- In store
 - Grocery discounts are in-store only
 - OTC & Food allowances limited to S3 network- use location finder
 - Other allowances are limited to Visa network *restrictions apply
- Online
 - Healthybenefitsplus.com/ucare
 - Other allowances can be used on other websites where Visa is accepted
*restrictions apply
- Over the phone
 - Calling the number on the back of their Healthy Benefits+ card
 - 1-833-862-8276 (TTY 711)
 - Phone orders where Visa is accepted *restrictions apply



Program & Allowance Descriptions



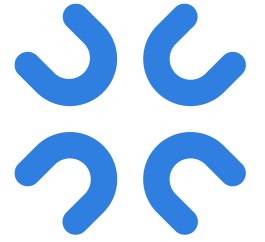
Food Allowance

MSHO: NEW! ALL members \$75 per month

Connect + Medicare with 1 eligible claim on file: \$75 per month

- Eligible conditions: diabetes, hypertension, lipid disorder
- Must be used at a participating location (S3 network)
- Eligible items include
 - Fresh fruit & vegetables
 - Canned fruit & vegetables
 - Frozen produce & meals
 - Fresh salad kits
 - Dairy products
 - Meat & Seafood
 - Beans & legumes
 - Pantry staples (flour, spices, etc.)
 - Soups
 - Healthy grains (bread, cereals, pasta, etc.)

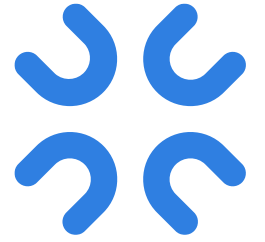
Over the Counter (OTC) Allowance



MSHO: \$70 quarterly. Expires at the end of March, June, September, and December.

C+M: \$60 quarterly. Expires at the end of March, June, September, and December.

- Must be a participating location (S3)
- Eligible item categories include
 - Allergy & Sinus
 - Cold, cough, & flu
 - Oral care
 - Ear & eye care
 - First aid
 - Pain relief & management
 - PPE
 - Skin & sun care
 - Vitamins & supplements
 - Digestive health
 - Stop smoking
 - Weight management

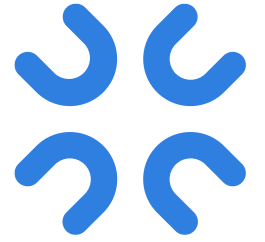


Utility Allowance

All (NEW!) MSHO members: \$55 per month

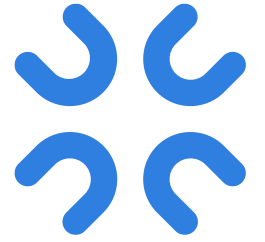
- Can use to pay utility bills such as
 - Gas/electric/fuel oil
 - Water/sanitary/sewer
 - Internet & telecommunications
 - Government services/municipalities
 - Rent/mortgage (NEW for 2025)
- Ways to pay bills
 - Online at healthybenefitsplus.com/ucare through bill payer tool
 - Over the phone by calling Healthy Benefits+
 - Over the phone or online directly through their utility provider

NEW! - Community Education Class Allowance



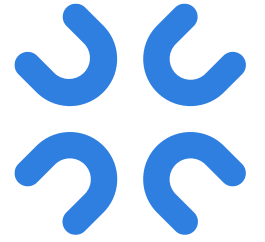
- **PMAP, MNCare, MSHO, Connect, Connect + Medicare, MSC+**
 - \$100 quarterly allowance. Expires at the end of March, June, September, and December.
- Runs through Visa network on allowable MCCs. Available nationwide (new!). Check a local community education catalog or contact the local school district for class times and locations
- Members with IFP, MNCare, PMAP, Connect, and MSC+ plans must call UCare customer service or log into their member account to request to opt into the program and to request their Visa card if they do not have one
- All other members who do not have a card were issued one with the Community Education allowance turned on for 2025

Grocery Discounts

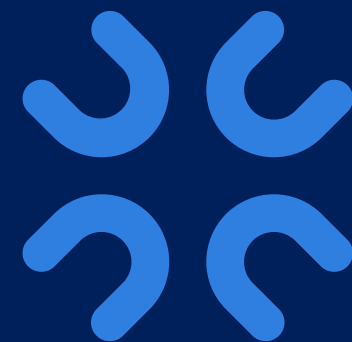


- Similar to digital coupons
- Change weekly and are automatically loaded to the card
- Discounts can be found online or in the app
- Members can call 1-855-397-8274 to hear the current Top 10 Grocery Discounts
- Can only be used in-store at participating locations (S3)

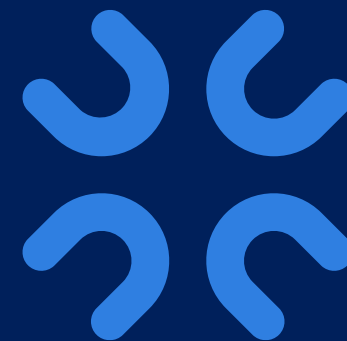
Rewards



- Members can earn rewards for a variety of preventative visits
- Cannot be used at Target or Amazon
- Walmart is in network through S3
- If the member has allowance programs, the rewards dollars will automatically be used if they spend over their allowance amount or if they purchase items that the allowance does not cover

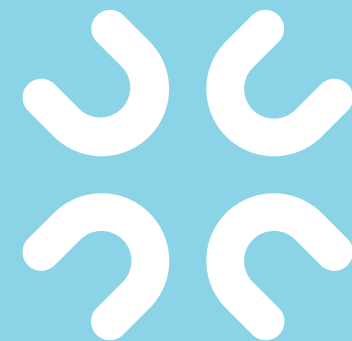


Questions?



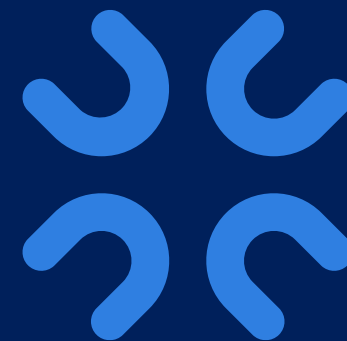
QRyde Demonstration

Anthony Wilson, Brent Forbord, Jonathan Enering and Trent Brier



MSC+/MSHO Presentations

SNBC Optional

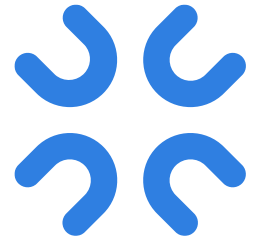


CFSS Updates

Samantha Rue

CFSS Provider Enrollment

MSC+/MSHO



UCare is updating our [Provider Search Tool](#) with newly enrolled CFSS provider agencies on a regular basis!

If a member selects an in-network PCA agency that is not yet enrolled with DHS for CFSS, the **provider agency** may call the **MHCP Provider Resource Center at 651-431-2700** to expedite their enrollment.



Care Coordinators and providers should no longer submit an email to DHS as previously indicated.

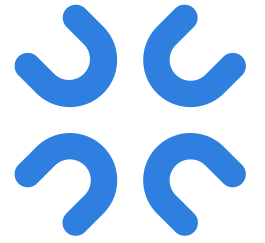
The screenshot displays the UCare Provider Search Tool interface. At the top, there are tabs for 'People', 'Places', 'Pharmacies', and 'Drug List'. Below these, there are three input fields: 'Pick your plan' (set to '2025 Minnesota Senior Care Health Options (MSHO)'), 'Search by name(Optional)' (set to 'Community First Services'), and 'Choose a location' (set to 'Minneapolis, MN, USA'). A 'Search' button is to the right of the location field.

Below the search bar, there are links for 'Home', 'Search Results', 'Email Results', and 'Print Results'. The main section is titled 'Filter The Results By:' and includes several filters: 'Specialty' (a dropdown menu), 'Language' (a dropdown menu), 'Distance(Optional)' (a dropdown menu set to '> 60 miles'), 'Medical Group Affiliation' (a dropdown menu), and 'Facility Type(Optional)' (a dropdown menu). There are also checkboxes for 'Primary Care Clinic' and 'Accepting New Patients'.

The search results are displayed in a grid. The first two results are 'Advanced Care Inc' and 'Minnesota Quality Care Inc'. The next two are 'Direct Home Health Care Inc' and 'Circle of Life Home Care Anishinaabe Inc'. Each result card includes the agency name, a 'Personal Care Attendant Services' tag, a status 'Accepting new patients', the address, the distance from the location, a phone number, an 'Add to compare' checkbox, and a 'View Profile' button.

DHS-6893W: Not required for UCare

MSC+/MSHO



The Service Authorization Letter (SAL) sent by UCare Intake to the member & providers meets the criteria. These are not uploaded to MnCHOICES.



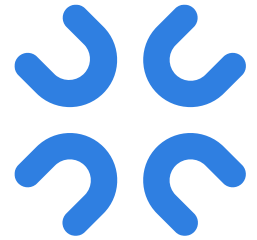
Best Practice Tip:

Use [CFSS Calculator](#) to accurately reflect start and end dates along with approved service delivery plan information and carry over to PCA/CFSS Communication Form for authorization. This ensures the SAL has accurate information sent to the member/providers.

Reference: [CFSS service delivery plan development and approval process](#)

Extending the PCA 6-month Transition

MSC+/MSHO



Can the lead agency extend the transition timeline beyond the six-month period to extend PCA/CSG?

The lead agency must email DHS if a person is unable to start CFSS within six months because the consultation services provider cannot complete their work in a timely manner due to the volume of new CFSS enrollees. DHS will develop further guidance, if needed.



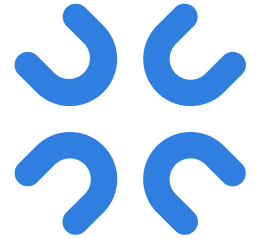
UCare will provide additional guidance once we receive clarification from DHS. We will update our CFSS Care Coordination Guidelines and PCA/CFSS Communication Form accordingly.

Tips:

- Check in with members about the process / next steps – set a reminder on calendar
- Ensure CS provider has capacity to accept the member
- Provide CFSS provider with the phone number to expedite DHS enrollment

DTR: Consultation Services

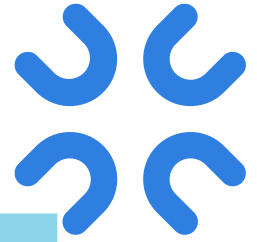
MSC+/MSHO



Consultation Services	Instructions	Denial/Termination/Reductions (DTR)
Policy:	CC provides list of CS providers within 10 business days of MnCHOICES assessment to the member	
Best practice:	CC makes a good faith effort to follow up with a member to select a CS provider within 60 calendar days	
Status:	Member actively selected CS provider but on delay/wait list and is in communication with the CC	NO
	No CS provider selected w/in 60 days due to member nonresponsive or refused to select a CS provider	YES
What if:	Later, the member selects an eligible CS provider w/in the service span that a DTR CS was issued. A new assessment is not required, and CC would complete the PCA/CFSS Communication Form to authorize CS	

DTR: DHS-6893P Service Delivery Plan (SDP)

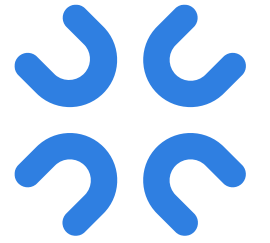
MSC+/MSHO



Service Delivery Plan (DHS-6893P)	Instructions	Denial/Termination/Reductions (DTR)
Policy:	Per DHS, CC has 30 calendar days from receipt to review and either approve or deny the DHS-6893P Service Delivery Plan.	
Best practice:	CC makes a good faith effort to work with the CS provider/member to modify the SDP, as appropriate, within 30 calendar days and approve the plan.	
Status:	Member/CS provider is actively working on updates to the plan to meet SDP requirements and CC unable to approve within 30 calendar days	NO
	Member refuses to comply with SDP CFSS requirements; either refuses to update the plan or member and CS provider are unresponsive	YES
What if:	<p>The SDP meets all requirements, however, CFSS provider agency is not yet chosen or the provider is confirmed in-network but pending DHS enrollment for CFSS.</p> <p>CC may approve the SDP pending an eligible CFSS provider agency.</p> <ul style="list-style-type: none"> • Include Lead Agency Comments on SDP indicating authorization start date TBD based on confirmed CFSS provider eligibility. Authorization to start when CC is notified provider is enrolled. CC submits PCA/CFSS Communication Form to authorize CFSS SDP. 	

PCA/CFSS Continuity of Care for Seniors Receiving Personal Assistance

MSC+/MSHO

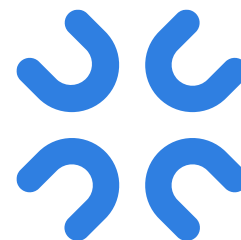


[Minnesota Statute 256B.69: Subd. 6h.](#)



PCA/CFSS Continuity of Care: What this means

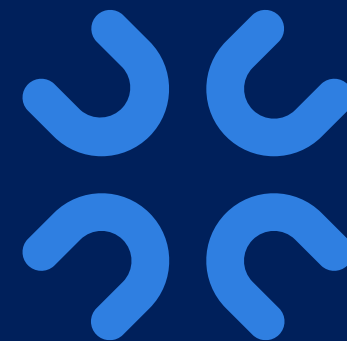
MSC+/MSHO



- 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 enrollment**, the member can choose to remain with the current provider **regardless** of if they are out of UCare's current network.
 - Current PCA/CFSS provider agency will send the [PCA/CFSS Service Authorization Transfer Form](#) to UCare to initiate UCare authorization.
 - UCare 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.**
 - Service Authorization Letters (SAL) will be sent to the member and the provider and will include specific language that will indicate the member meets the criteria to remain with the current out-of-network provider.
 - Intake will alert the assigned care coordinator of the COC arrangement by emailing/faxing a copy of the authorization letter to the CC.
- Upon reassessment, the member may continue to use this out-of-network 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.

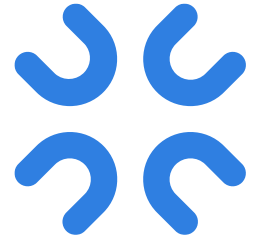
Note: Members who received PCA/CFSS with an out of network provider for **less than 6 months** prior to enrolling in UCare will continue to receive a **temporary continuity of care authorization for up to 120 days or the end of their current service authorization, whichever comes first**. CCs will need to work with members to establish care with an in-network PCA/CFSS agency to continue to receive services.





CDCS Unbundling Project

Dawn Sulland



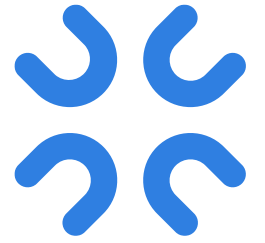
Purpose of CDCS Unbundling Project

Effective Feb. 1, 2025, DHS started the rolling implementation of the CDCS unbundling project. This project will:

- More accurately categorize goods and services in eight categories instead of four.
- Clarify provider qualifications.
- Clearly define services.

Previous CDCS Category	Unbundled CDCS Category
Personal assistance (U1)	Personal assistance (U1)
Treatment and training (U2)	Treatment and training (U2)
Environmental modifications and provisions (U3)	Environmental modifications – home mods (UB)
	Environmental modifications – vehicle mods (UA)
	New! Individual-directed goods and services (U9)
Self Direction Support Activities (U4 and U8)	FMS (U5)
	CDCS Support Planner (UC)
N/A	New! Community Integration and Support (U6)

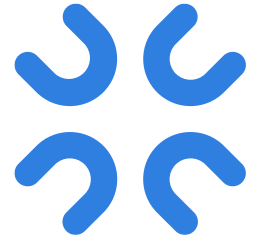
Implementation Timeline



- CDCS unbundling has a rolling implementation.
- Current CDCS participants will continue their current CDCS plan through the remainder of their plan year and transition to an unbundled CDCS CSP after their next reassessment.
 - Support planners will assist current CDCS participants in creating their unbundled plan after the member's reassessment.
- New CDCS participants will use the unbundled CDCS CSP and related policy.

Previous CDCS policy and unbundled policy will be in effect simultaneously.

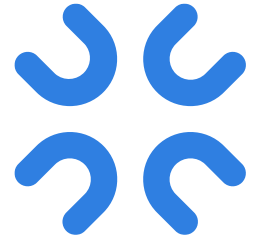
Personal Assistance



- CDCS personal assistance is direct assistance provided in the member's home or community to help a person with ADLs, IADLs and caregiver relief.
- All CDCS workers under personal assistance are directly employed by the member.
- **What's changed:** As there is no longer a service category of Self-Directed Support Activities, Personal Assistance will also include employer-related costs.



Treatment and Training



CDCS treatment and training includes specialized therapies, behavioral supports and training and education for caregivers and the member.

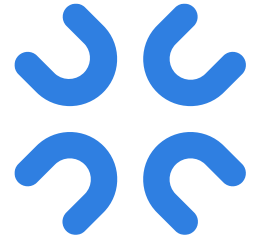
Specialized Therapies & Behavioral Supports

- Specialized therapies and behavioral supports are services that a MHCP medical provider prescribes to relieve the member's disability or health condition and are not available through other funding sources, such as MA.

Training

- Training and education for paid/unpaid caregivers: Services that pay for training and education to support the caregiver's ability to care for the person.
- Training and education for the person: Services that pay for training and education to increase the person's ability to manage their CDCS services.

New! Individual-Directed Goods and Services



- Individual-directed goods and services allows people to use their budget for some items that were previously covered under environmental modifications and provisions.
- Individual-directed goods and services includes services, equipment or supplies not otherwise provided through a waiver or through the Medicaid state plan.

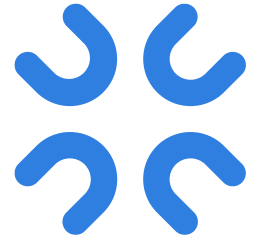
Services must meet all the following requirements:

- Decrease the need for other Medicaid services
- Promote inclusion in the community
- Increase the member's safety in their home

Individuals/vendors providing individual-directed goods and services must:

- Have all necessary professional and/or commercial licenses required by federal, state, and local statutes and regulations, if applicable.
- Bill through the FMS provider.
- Be able to demonstrate to the person that they have the capacity to perform the requested work and the ability to successfully communicate with the person.

Covered & Non-Covered Goods and Services



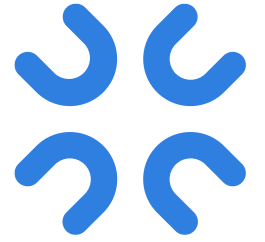
Covered Goods and Services

- Supplies and equipment (including assistive technology.)
- Transportation (mileage and payment to person providing the transportation.)
- Home care nursing services performed by independent contractors.
- Environmental supports (Housecleaning, chore, lawn mowing and snow removal.)
- Health club or fitness membership
- Adaptive clothing.
- Extra costs of additional or specialized foods for a prescribed diet (DHS 5788A)
- Modifications to recreational items or activities

Non-Covered Goods and Services

- All prescription and over-the-counter medications, compounds and solutions and related fees, including premiums and co-payments.
- Room and board.
- Personal items.
- Items that do not provide direct medical or remedial benefit to the person.
- Utilities, including internet access.
- Items that restrain the person or restricts their rights.
- Tickets and related costs to attend sporting or other recreational events.
- Animals, including service animals, and their related costs.

New! Community Integration and Support



The purpose of community integration and support are services that focus specifically on successful participation in community membership.

These services can help a member:

- Safely live in the community.
- Participate as a member of the community.
- Develop meaningful day supports and community engagement.
- Improve social skills and community behavior.
- Build relationships.
- Improve mental health.

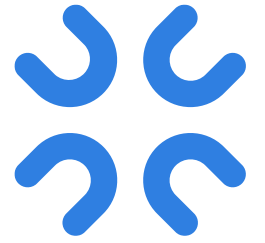


Environmental Modifications



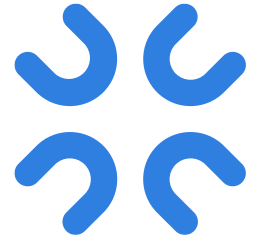
- **What's changed:** CMS directed DHS to separate out environmental modifications:
 1. home environmental modifications
 2. vehicle modifications

Financial Management Services (FMS)

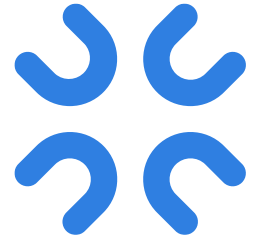


- FMS fees were covered under the service category of Self-Direction Support Activities
- **What's changed:** FMS service fees are now a separate service category.

CDCS Support Planner



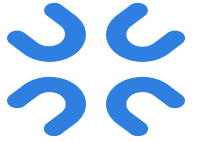
- CDCS support planner fees were covered under the service category of Self-Direction Support Activities
- **What's changed:** CDCS support planner fees are now a separate service category.



UCare Reminders and Resources

UCare CDCS Toolkit includes:

- [Care Coordinator CDCS Guidelines](#)
 - [CC CDCS Plan Approval Checklist](#)
 - [CDCS DHS 5788A CSP Change Form](#)
 - [CDCS Member Agreement and Checklist](#)
 - Member Guide to CDCS Allowed Expenditures (Revision coming soon - refer to CDCS policy manual)
 - [Notice of Technical Assistance](#)
-
- The amount approved on the WSAF should match the amount of services & supports approved on the member's CSP.
 - All CDCS CSPs must be reviewed and signed off by a supervisor within your agency.



Other CDCS Updates – Coming soon!

- Care coordinators must provide the member and their legal representative information about their case mix from the most recent MnCHOICES assessment, their CDCS budget by case mix and information about the member's right to appeal.
- UCare is creating a form that care coordinators can use to communicate this information to members.
- This form will be located in the CDCS Toolkit.
- Care coordinators may use the [Health Resource Letter](#) to communicate this information to members on CDCS.



Source: [AASD and DSD eList January 21, 2025 announcement](#)



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Questions?

[2025 1st Quarterly All Care Coordination Outstanding Questions Form](#)

2025 1st Quarterly All Care
Coordination Outstanding
Questions Form



We appreciate your feedback!

Please take some time to complete the [1st Quarterly All CC Meeting Feedback Survey](#)

