

UCare MnCHOICES Guidance



Information Regarding the Revised MnCHOICES Rolling Launch Transition

This document addresses frequently asked questions from UCare’s Clinical Liaison Office Hours and inquiries from the Clinical Liaison inbox. Responses are subject to change as MnCHOICES evolves throughout the phased launch.

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1. Entering MMIS		
Scenario	Yes	No
HRA-MCO in MnCHOICES		X
MnCHOICES Assessment EW	X	
MnCHOICES Assessment non-EW		X
Transfer HRA for EW member	X	
Transfer HRA for non-EW member		X
UTR / Refusal activity type in MnCHOICES		X
Functional Needs Update for EW member	X	
Care Coordinator Change for EW member	X	
Care Coordinator Change for non-EW member		X

2. Completing and Attaching Documents		
Completed in MnCHOICES	Attach in MnCHOICES	Delegate Preference (Attach to MnCHOICES or delegate EHR)
MnCHOICES Assessment - MCO	Medication List (if not included in MnCHOICES Assessment)	NA
HRA-MCO	Medication List (if not included in HRA-MCO)	NA
Support Plan	Member Signature Page (if not completed within MnCHOICES)	
Unable to Reach (UTR)/Refusal (limited assessment information documented in lieu of MMIS activity)	UCare UTR/Refusal Support Plan	NA
Transfer Member Health Risk Assessment (THRA) Activity (limited assessment information documented in lieu of MMIS activity)	UCare THRA Form	
Support Plan Revisions		
Other:	CFSS 6893P Service Delivery Plan: final, signed and approved	
	PCA/CFSS Communication Form: final uneditable PDF received back from PCA/CFSS Intake for CFSS service authorization	Member Letters
	DHS-6914 Caregiver Questionnaire (MSC+/MSHO)	Transition of Care Log
	DHS-3428M Mini-Cog (MSC+/MSHO)	Case Notes
	DHS-3936 My Move Plan Summary (MSC+/MSHO)	Misc. Documents – including but not limited to ROI, HCD/POLST, DHS-5181, 5841, 6037, 4690, 3543

3. Receiving a Transfer with Open MnCHOICES Forms

Before transferring/closing a member case, all documents in MnCHOICES should be wrapped up and submitted or discarded as appropriate to ensure future disruptions do not take place. Only one form of each type can be open at a time.

If a transfer is received and forms have been left unresolved in MnCHOICES, make an effort to reach out to the owner of the document(s) and ask that the form be resolved ASAP. Phone and email for member contacts can be found by accessing the “Contacts” tab on the left navigation bar and clicking the dropdown on the far right of the desired contact as shown below.

The screenshot shows a user interface for a contact named "John Doctor". At the top, there are tabs for "Manual Entry", "Professional-Medical", and "Completed". Below the name, there are fields for "Email" (jdoctor@hotmail.com) and "Effective Date Range" (08/31/2023 - No End Date). A "Notes" section is empty. Below that are tabs for "Representative Types", "Addresses", and "Phones". Under the "Phones" tab, there is a table with columns for "Phone Type", "Phone", and "Extension". The "Primary Phone" row shows the number "612-303-2222" in the "Phone" column, which is highlighted with a red box.

*If you are unable to resolve the issue with the previous CC/CM, contact the clinical liaison team for assistance.

4. Transfer Health Risk Assessment (THRA)

In all scenarios where the UCare THRA form is completed in lieu of an assessment, it must be attached to MnCHOICES.

The screenshot shows a form with the following fields:
HRA type
Transitional HRA
Transitional HRA type
Product change
HRA method
Face-to-face
Referral date
Referral date is the date of the person's enrollment into the health plan.
08/01/2023

When completing a THRA for a member whose last assessment or HRA was completed in MnCHOICES, complete the “Transitional HRA” in MnCHOICES by creating an HRA-MCO form and marking the HRA type as “Transitional HRA.”

When the previous assessment was HRA-MCO, the previous assessment information will be pulled into the new HRA-MCO form. When the previous assessment was a MnCHOICES Assessment, the assessment information will not pull forward. In both cases, the status can be changed to “Completed.”

5. MnCHOICES entry for Elderly Waiver (EW) Fee-For-Service (FFS) to MCO Transfer Only

When the last assessment was an FFS revised MnCHOICES Assessment resulting in EW within the past 365 days:

- Start a new MnCHOICES Assessment and complete the “assessment information” section
 - **Recipient Identifier:** Current Recipient/Change
 - **Assessment Type:** Functional Needs Update (FNU)
 - **Note:** Add reason for assessment type (Ex: New UCare member with current MnCHOICES Assessment)
- Change Status to “Start MnCHOICES Assessment”
 - Complete the “Staying Healthy” section of the assessment
 - **Note:** The remainder of the assessment should carry over from the previous assessment. Update areas as needed
 - Submit assessment until status is “Approved by MMIS”
 - Enter activity in MMIS
 - When MCO is opening EW as a result of the FNU
- Activity Type: 07, Assessment

Result: 10

- When EW is already open upon transfer
- Activity Type: 10, Assessment Result:12
- CC change entry is required to accompany both scenarios above
 - Activity Type: 05, Assessment Result:98
- Complete a new Support Plan, regardless of any previous support plan completed by FFS
 - Submit support plan until the status is "Plan Approved"
 - Send support plan to member/ICT as appropriate
 - Add member to Monthly Activity Log (MAL)

6. Unable to Reach (UTR)/Refusal Data Removal

When a UTR or Refusal is entered into MnCHOICES, any previous HRA information is removed from the HRA and does not carry over to future HRAs.

Tip: To avoid UTRs or Refusals, give yourself plenty of time to contact the member to schedule and complete the assessment before the due date.

7. Assessment Time Tracking

A new process begins on September 1st, impacting the "Assessment interview time" field in the MnCHOICES Assessment. This field will be repurposed to include intake and assessment activities, allowing DHS to collect data and better understand the length of time the assessment process takes.

Each delegate is responsible for determining a workflow for communicating intake activities to the certified assessor, which will add to the total interview time.

8. Using Support Plan-Other vs Support Plan-HRA

Similar to any updated form, it is required to use the most recently updated version of all documents to ensure all audit elements are met. If "Support Plan-Other" was completed after "Support Plan-HRA" was released and no new audit elements have been added to "Support Plan-HRA," the use of this form will be accepted, and the care coordinator will be reminded to use the most up-to-date documents if pulled for a review or audit. If new questions are missing from the previously used document, the chart is at a compliance risk in an audit.

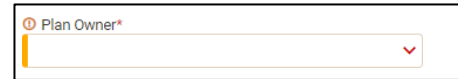


When using the support plan revision during a reassessment to end previous goals AND create new goals, as well as updating risks, supports, and services to align with the new assessment, it is important to double-check that the support plan being revised is the correct version of the document (Support Plan-HRA).

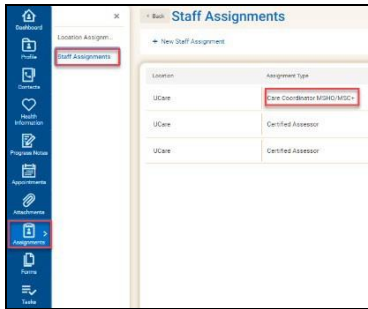
- Document types cannot be updated during the revision process (E.g., Support Plan-Other to Support Plan-HRA)
- To start a different version of the support plan, the current form must be closed and a new form created

9. Support Plan: Plan Owner Field

In a recent update to fix the incorrectly populating auto-generation of the "Plan Owner" field, a dropdown menu was created, allowing the plan owner to select the appropriate choice.

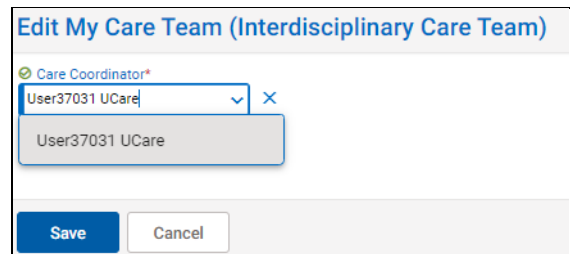


A screenshot of a dropdown menu labeled "Plan Owner*" with a red asterisk indicating it is a required field. The dropdown is currently empty, showing only a downward-pointing arrow on the right side.



For a care coordinator (CC) to be available in the dropdown menu, they must be assigned in the "Staff Assignment" section as "care coordinator." When necessary, multiple assignments can be made to allow for a CC assignment AND certified assessor assignment to be active at the same time. Staff listed only in the member contacts WILL NOT be available in the "Plan Owner" dropdown field.

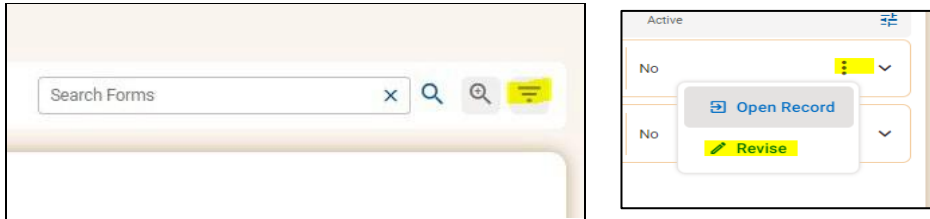
Note: This is a required field and must be completed before the support plan can be finalized. This process is mirrored in the Interdisciplinary Care Team section to add the CC in the dropdown menu as well.



A screenshot of the "Edit My Care Team (Interdisciplinary Care Team)" interface. It shows a dropdown menu for "Care Coordinator*" with a red asterisk. The dropdown is open, showing a search bar with "User37031 UCare" and a list of results, including "User37031 UCare". There are "Save" and "Cancel" buttons at the bottom.

10. Support Plan Updates

An approved support plan can be revised by going to the “Forms” section, clicking the “tornado” icon, and selecting support plan from the drop-down menu. Then click the ellipsis on the far right of the record needing revision and click “Revise.” This is required for service changes, including provider and RS/CL rate plan changes.

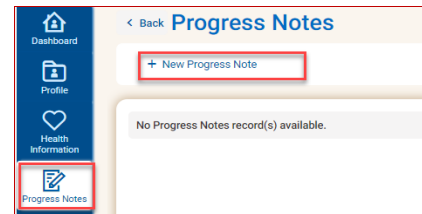


Follow the prompts to open the revised support plan and complete updates. Toggle to “edit mode” and change status to “submit.” This will pull in any HRA info; you can edit it as needed. When finished, change the status to “submit” until you get to the prompt that states you are “finalizing,” and the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



Exception due to current functionality of Revised MnCHOICES:

Care coordinators may create a “Progress note” in MnCHOICES when the monitoring progress section of the goal has reached its character limit to complete the narrative portion of the update. The support plan revision must still be done to document the status and date and provide a clear picture of the current goals the member is actively working on.



11. Revising Support Plans at Reassessment

- DHS has shared that revising one support plan year over year is acceptable instead of creating a new one at each reassessment. UCare has reviewed this process and will accept this method of ending and updating goals. All goal requirements remain in place.
 - Goals must be written in SMART format
 - At least ONE goal is High Priority
 - At least ONE goal is active/open on the current Support Plan
 - Goals are routinely reviewed at follow-up contacts determined with the member during the assessment and based on the member's needs. The minimum requirement is mid-year at 5-7 months.
 - Target Dates are adjusted during routine follow-up contacts when the target date has been surpassed/exceeded
 - Goals are needed for risks identified during the assessment. If the member prefers no intervention, it must be clearly documented in the Support Plan.
- Follow the steps to revise a support plan above (section 8), and choose "Annual/Reassessment" instead of "Plan Revision" for the "Reason for Support Plan" when prompted
- Do not delete goals being ended with an "Achieved/Discontinued" status during a reassessment
 - An "Achieved/Discontinued" goal can be deleted at the next revision following the reassessment

NOTE: This should not be done with the "Support Plan-Other" version of the support plan.

- If the current support plan program is "Other," it is required to end the support plan at the time of reassessment and begin a new support plan with the program "Health Risk Assessment" (HRA) before using the revision method to update the support plan at a reassessment

12. Contacts Pulling to the Support Plan

The name field must be completed for **ALL** contacts in the profile, or none will be displayed in the support plan. If there isn't a provider name, copy the organization name to the name field.

13. Support Plan Goal Crosswalk

UCare Support Plan	MnCHOICES Support Plan
Rank by Priority	Priority
My Goals	Goal Statement
Support(s) Needed	Supports I Requested
Target Date	Target Date
Monitoring Progress/Goal Revision Date	Monitoring Progress (goal update)/Status of Goal/Status date (date of update)
Date Goal Achieved/Not Achieve (Month/Year)	Monitoring Progress (goal update)/Status of Goal/Status date (date of update)

14. Suggested Order for Goal Creation

- Supports I requested
- Barriers
- Goal Statement

15. Declined Goal for Identified Risk

If there are identified health and safety risks in the assessment, document on the support plan how these will be addressed with a goal, supports, services, or the member's plan for managing the risk. If there is an identified health and safety need that is important for the member for which the member does not accept intervention, the CC is to document in the "My Plan to Address Safety Needs." See Example below. In the Support Plan – MCO MnCHOICES the system will automatically populate any unaddressed risks or will indicate if all needs are met.

My plan to address needs

Enter a summary of the plan or agreement to address the person's identified assessed need(s) that are not being met by a service or informal support. Describe what has been offered to the person. Discuss with the person how they are involved in addressing their need(s), including who they may contact and how to contact them.

Jack has identified risks due to smoking with a diagnosis of Emphysema and being on continuous oxygen. The care coordinator discussed the safety concerns of smoking in the home while on oxygen and educated Jack on smoking cessation options. The Care coordinator provided the number for the Tobacco & Nicotine Quitline and education on using the Quit for Life mobile app. Jack declined a tobacco cessation goal at this time but may consider it in the future.

16. Adding Services Not Funded by the Health Plan

Including all services in the member's support plan provides a better picture of the member's overall plan of care and helps avoid duplication of services.

- "Services and Supports" should be used when the CC adds elderly waiver (EW) and home care services managed by the CC. This section has rates built-in.
 - Note: This includes PCA/CFSS services for non-EW members
- "People and Community Organizations that Support Me" can be used to add any formal and informal service not funded by UCare. There are no rates built into this section.
 - Note: This includes known CADI waiver services

17. Adding Services with Missing Provider Types

When adding services to the support plan under "services that support me" for non-enrolled providers, a provider type called "Managed Care Organization" can bypass this barrier.

- Add Waiver Provider "Managed Care Organization"
- Create a service under "Services that support me" (e.g., transportation)
 - Add service dates/type/units/etc.
 - Provider Name: select "Managed Care Organization" from drop-down
 - Click get rate
 - Complete the remainder of required service fields and use comments to provide additional provider detail

18. Revising Support Plans when a Provider Becomes Inactive

When a provider is no longer active in MnCHOICES, a support plan cannot be revised. DHS has indicated a new support plan would need to be created to make any changes or updates. As a workaround, the existing support plan can be saved as a PDF, manually updated, and attached in MnCHOICES to meet the support plan revision and closing of goal requirements until this is resolved. Document the situation in the member's record.

19. Signature Sheet

When completing the HRA-MCO / MnCHOICES Assessment, use the signature feature built within the revised MnCHOICES application.

- If the signature feature is not working, print the signature section from the MnCHOICES Support Plan in advance of the assessment to sign or mail to the member post-assessment.
- When completing a telephonic assessment within MnCHOICES, print the signature section from the MnCHOICES Support Plan and mail it to the member.
 - If the signature is not returned when closing the support plan, attach a copy of the blank version mailed to the member and signed by the care coordinator. Document all attempts to get the member's signature in the member record.
 - A minimum of two attempts to get a member signature are required. The second attempt must be within two weeks of the first attempt.
 - If the signature page is returned after the support plan is closed, revise the support plan and attach the completed signature page

20. Summary Letter Date (MnCHOICES Assessment only)

When completing an MnCHOICES Assessment, the "Date sent" field must be completed to move to the status "Completed-Ready for MMIS," which allows the assessment data to be pulled into the Support Plan. When that date is unknown and the Support Plan must be started, follow the process below.

- Select an appropriate date chosen by your agency (e.g., the date sent to support staff or today's date)
- Complete any remaining MnCHOICES Assessment completion requirements
- Change the status to "Complete-ready for MMIS." This allows data to be pulled to the Support Plan.
- Complete Support Plan
- Return to the MnCHOICES Assessment and update the status to
 - "Pending MMIS Response"

"Request Clarification"

- Update the date the Summary Letter was sent to the member

Update MnCHOICES Assessment status until the status reads "Approved by MMIS"