

CFSS Provider Agencies and/or FMS Providers request a reassessment 60 days prior to the expiration of a member's current Service Delivery Plan. Requests are sent directly to the member's UCare MSC+/MSHO Care Coordinator. If the member is on a disability waiver, send to the member's CADI, BI, DD or CAC County Case Manager.



To obtain UCare Care Coordinator contact information, call the Care Coordination Info Line at 612-676-6622

MEMBER INFORMATION	<p>Member Name _____ UCare ID _____</p> <p>Address _____ PMI _____</p> <p>City, State, Zip _____ Date of Birth _____</p> <p>Phone _____</p> <p>ICD-10 _____</p>
PARTICIPANT REPRESENTATIVE	<p>Does the member require a Participant Representative? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>*Participant representative (PR) is required when the member is unable to direct their own care. The Support Worker cannot be appointed as the PR.*</i></p> <p>Participant Representative PR _____</p> <p>Phone Number Relationship _____</p>
ASSESSMENT INFO	<p>Appointment Contact _____ Relationship to Member _____</p> <p>Phone _____ Best Time to Contact _____</p> <p>Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language _____</p>
AUTHORIZATION INFORMATION	<p><input type="checkbox"/> Annual Reassessment</p> <p><input type="checkbox"/> Early Assessment due to Change in Condition (<i>supporting medical documentation required</i>)</p> <p>Start Date _____ UCare Auth # _____</p> <p>End Date _____</p> <p>Agency Name _____</p> <p>Agency Phone _____ Fax _____</p>