

March 2020

Issues of **Clinical Services Program Update** often refer to several different UCare forms. Please note that *all* UCare care coordination forms are on the [UCare website](#) under the Care Managers tab.

Direct your **UCare** questions to your Clinical Care Coordination Liaisons. You can send your care coordination-related questions to our Clinical Liaison mailbox: [clinicaliaison@ucare.org](mailto:clinicaliaison@ucare.org) or by phone: 612-294-5045 or 1-866-613-1395 toll free.



Direct your **MSHO/MS C+ enrollment** questions to the enrollment intake line at 612-676-6622 or by email [CMIntake@ucare.org](mailto:CMIntake@ucare.org).

Direct your **UCare Connect enrollment** questions to the UCare Connect enrollment email [connectintake@ucare.org](mailto:connectintake@ucare.org).

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## 2020 UCare Care Coordination Meeting Schedule

It is a requirement that all UCare care coordinators watch the WebEx and are included on the sign-in sheet for their delegate.

UCare Product	Meeting Type	Date & Time
<b>UCare Connect &amp; UCare Connect + Medicare</b>	<b>Bi-Annual Meetings Metro Delegates</b>	May 20, 9 a.m. to 12 p.m. November 18, 9 a.m. to 12 p.m.
<b>UCare Connect &amp; UCare Connect + Medicare</b>	<b>Bi-Annual Meeting recorded WebEx will be posted on the UCare website by:</b>	May 27, 2020 November 25, 2020
<b>UCare’s MSHO &amp; MS C+</b>	<b>Quarterly Meetings Metro Delegates</b>	March 18, 9 a.m. to 12 p.m. June 17, 9 a.m. to 12 p.m. September 16 9 a.m. to 12 p.m. December 16, 9 a.m. to 12 p.m.
<b>UCare’s MSHO &amp; MS C+</b>	<b>Quarterly Meeting recorded WebEx will be posted on the UCare website by:</b>	March 25, 2020 June 24, 2020 September 23, 2020 December 23, 2020

# Care Coordination News

## Updating a member's Primary Care Clinic

When a Care Coordinator is notified that a member has a new Primary Care Clinic the [Primary Care Clinic Change Request form](#) must be completed. This will ensure that UCare has the correct primary care clinic on file and will ensure that the members records are accurate.

## Disease Management (DM) News

The DM team focuses on asthma education as well as health coaching for members with diabetes, heart failure and migraine. DM recently launched a partnership coaching program with Behavioral Health, which serves members with both a behavioral health diagnosis as well as one or more of the following physical conditions: back pain, chronic pain, COPD, fibromyalgia, heart disease, obesity, sleep apnea and uncontrolled hypertension.

Our health coaches help members set goals unique to their health needs as well as provide support, education & resources to members to help them achieve those goals through telephonic coaching calls.

Our asthma educators provide education, resources & referrals as needed to support members and their children in managing their asthma to reduce flair-ups, minimize hospital visits, and give them the tools they need to better understand their condition to effectively manage it. This process can include homes visits with adults, parents & children as well as telephonic education calls.

Referrals are always welcome, so if you are working with a member that could benefit from one of UCare's Disease Management programs please send them our way!

Referral forms are located at this [link](#).

Please reach out to us at [disease\\_mgmt@ucare.org](mailto:disease_mgmt@ucare.org) or by phone: 612-676-6539 with any questions.

## Promoting food access for UCare members

UCare is working hard to improve members' access to food in their communities. Since 2018, we've implemented several initiatives to address food insecurity among UCare members.

- **Outreach**

Through targeted integrated voice response outreach calls and referrals from our case management teams, we've connected hundreds of families across Minnesota with advocates who help screen members for Supplemental Nutrition Assistance Program (SNAP) eligibility, provide SNAP application assistance, help with finding local food resources (food shelves, Fare for All, summer meal programs, Market Bucks, etc), and referrals to social programs. Of the members who we've assisted, roughly 25% received help with applying for SNAP benefits, in addition to community resources.

In partnership with Second Harvest Heartland and Hunger Solutions, we've conducted outreach in areas identified as having high food insecurity rates, including counties such as Olmsted, St. Louis, Freeborn, Kandiyohi, Mower, Winona and the seven-county metro area.

"A member with four young children had been aware of the local food shelf. However, due to past experiences, was not comfortable using their services. We connected the member to another food shelf she was unaware of that was walking distance from her home, as well as the local summer meal sites for her children. We were also able to help the family renew their SNAP benefits." – Hunger Solutions staff

- [Savings on healthy food at the grocery store](#)  
Through our Healthy Savings program, members receive special discounts on healthy foods at the grocery store on items such as milk, eggs, fruits, vegetables and so much more. In 2019, UCare members saved over \$37,000 at over 180 grocery stores across Minnesota! To learn more about the Healthy Savings program, visit [healthysavings.com/ucare](http://healthysavings.com/ucare).
- [Pilot program: Health food box for members with chronic conditions](#)  
In partnership with Second Harvest Heartland, we piloted a 6-month FoodRx box program for Medicaid members with hypertension to promote healthier eating and improve health outcomes. The program provided participants with a shelf-stable healthy food box and educational materials once per month, as well as a blood pressure monitoring wrist cuff and monthly check-in calls. At the end of the program in April 2019, we found that participants who remained in the program were more likely to experience more favorable outcomes (decreased medical costs, ER visits, inpatient visits) compared to those who dropped from the program. Currently, we are piloting the FoodRx box program through our [Health Journey Program](#) for members with other chronic health conditions.



Check out the [Healthy Recipes and Cooking Videos](#), including Hmong and Somali recipes! Recipes are easy to make and are intended to help members build healthy eating habits.

Healthy Savings is a registered trademark of Solutran, Inc.

## MSHO/MSC+ News

### Clarification on the Additional/Substitute HCBS form and the Request to Exceed Case Mix CAP form

The “Additional or Substitute Home and Community Based Service Exception Request” form is to be utilized if the member needs a service and they are:

- Not open to EW
- Item is not allowed in HCBS funding
- Is not covered by MA
- Or it exceeds the MA limit (not for supply limits)

Care Coordinators must provide clear documentation that this service is necessary for the member to remain in the community.

The “Request to Exceed Case Mix CAP” form is to be utilized when a member needs an EW service that would put them over their current EW case mix cap. Care Coordinators must submit all documentation to support the reasoning behind their request and all evidence on what was considered to keep the member under their case mix cap.

Care Coordinators should not be using the “Additional or Substitute HCBS form” or the “Request to Exceed Case Mix cap” form for “benefit exceptions”, UCare does not allow “benefit exceptions”.

An example would be if a member resides in an assisted living and their EW closed:

- The assisted living payment is an EW service so the “Additional or Substitute HCBS form” would not work as that is for non-EW services.
- The “Request to Exceed Case Mix CAP” is for members who are currently receiving EW services and the service being requested is not currently included in their POC but is found to be necessary for them to remain in the community.

Care Coordinators should make every effort to ensure that the member’s EW does not close and should a situation arise, it should be brought to the Clinical Liaisons attention by sending an email to [clinicliaison@ucare.org](mailto:clinicliaison@ucare.org) and the situation will be reviewed and direction provided.

### Verifying PCC changes with CM Intake

Effective 03/01/20, any MSHO/MSO+ delegate can email a spreadsheet to CM Intake ([CMIntake@ucare.org](mailto:CMIntake@ucare.org)) to review the current month of retro PCC changes and confirm members were assigned appropriately.

The spreadsheet must contain the following:

- Effective date of the transfer
- Product i.e. MSHO/MSO+
- UCare Member ID
- Member Name:
- DOB
- Current PCC
- New PCC

Example:

Effective Date	MSO+/MSHO	UCare ID	Name	DOB	Current PCC	New PCC
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The spreadsheet must be received on or after the 17<sup>th</sup> of each month; this will ensure any PCC changes received by the 15<sup>th</sup> of each month have been processed.

CM Intake will review the spreadsheet, make notes of action/confirmation and email the delegate back with any discrepancies within 3-4 business days.

UCare is hopeful this will address the potential of technology errors (i.e. faxes not received) and guarantee a positive member experience.

### Reach for the Stars!!



### March is Colorectal Cancer Awareness Month!

Starting at age 50, it’s a good idea to begin screening for colon cancer. Screenings not only help find cancer early, but they can also help prevent it!

As a Care Coordinator you can remind members of their options and assist them to schedule an appointment with their doctor to discuss or contact their clinic to find out how they can get an in-home test kit option.

Review the Health and Wellness section of the UCare website for information about rewards and incentives: [Health and Wellness](#)

## DHS News & Updates

### DHS has begun the National Core initiative for 2020

DHS is participating in the National Core Indicators initiative to assist in gathering opinions and experiences. Minnesota is one of more than 45 states participating in this initiative.

UCare would like to make care coordinators aware that DHS has begun reaching out to people with disabilities and older adults who receive home and community-based services.

As a care coordinator you may have member's who receive a letter or phone call from Vital Research inviting them to participate. Please visit the [Minnesota NCI Project website](#) hosted by Vital Research where you will find:

- Overview of the initiative
- Information for guardians
- Information about interviewers, including photos
- Letters sent to people
- FAQ's
- Contact Information

### Elderly Waiver Residential Services Tool Launch: Deeper dive

Care coordinators are encouraged to join DHS for the [Elderly Waiver Residential Services Tool launch: Deeper dive webinar on March 18<sup>th</sup>, 2020 from 9:30 to 11:00 a.m.](#)

This webinar will include demonstrations how to:

- Search for a person and create a rate plan
- Assign plan ownership based on lead agency combinations
- Review plans with an open, closed, or complete status
- Identify next steps to prepare for launch

After viewing the webinar, care coordinators will be able to:

- Assist their agency to plan for the transition of the RS Tool into MnSP
- Review screenshots of the new RS Tool
- Identify next steps and actions to take to prepare for the launch

Registration is open until 4:30 p.m. on Tuesday, March 17<sup>th</sup>, 2020 via [Trainlink](#)

If you are unable to attend or would like to review the previous webinar please visit the [DSD Training Archive page](#).

### Reminder to Care Coordinators to complete MMIS courses and assessments annually



Care Coordinators please remember that DHS requires all MMIS users to complete the MMIS training modules once every 365 days. You should receive an e-mail from DHS about 5 days prior to the due date notifying you that your training modules are due. If you are currently overdue for these tasks DHS has removed your access.

If you login to MMIS and receive a “suspended” message you will need to complete the MMIS courses and assessments located at [this link](#) and reach out to [clinicliaison@ucare.org](mailto:clinicliaison@ucare.org) to have your access to MMIS reinstated.

## Managed Care Key Dates

DHS has posted the 2020 Managed Care key Dates [here](#).

## DHS Bulletin 20-21-07: DHS Announces a Change in Service Delivery for Medial Assistance Applicants and Enrollees Temporarily Absent from Minnesota

Effective March 4, 2020, MA applicants or enrollees who are members of families with children, adults without children, and former foster care youth who report that they are temporarily absent from Minnesota for more than 30 consecutive days must receive their MA benefits via the fee-for-service system.

Exclude MA applicants and enrollees who are receiving MA benefits through a managed care plan for the duration of their temporary absence from Minnesota, if they will be temporarily absent from Minnesota for more than 30 consecutive days.

The date the applicant or enrollee left the state is considered day one in determining whether the temporary absence from Minnesota will last for more than 30 days.

UCare encourages care coordinators to review the [DHS bulletin 20-21-07](#). Please make note this change will not impact members with UCare.

## Community Based Service Manual (CBCM) updates

DHS has recently update multiple sections of the CBCM manual. Care Coordinators should pay attention to the changes around:

- **Environmental accessibility adaption:**
  - DHS updated the Elderly Waiver and Alternative Care service limits, which clarify that the amount authorized for EAA and all other EW/AC services must fit with in the member’s case mix cap.
  - For in-depth information care coordinators can visit the full DHS article at this [link](#).
- **Certified relocation services coordination-targeted case management (RSC-TCM) private providers:**
  - Care Coordinators are encouraged to review the DHS updated [approved list](#) of providers who are licensed to provider relocation services for targeted case management.

## Tidbits & Reminders

### Forms change frequently

Change is a constant in health care these days, including UCare forms and processes. Please remember to download forms directly from UCare’s website. This will ensure you are using the most up-to-date version of our forms.

## Updating a member's primary care clinic

Care Coordinators should be confirming member's primary care clinics and completing 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 are correctly assigned for care coordination.

## Do you have a care coordination question?

We want to be a great resource to you when you have care coordination questions! For us to help you, please include as much detail as possible with your question(s): e.g. member name and ID number, date of birth, product, details about the situation and your name, phone number and email address.

All emails sent to UCare that include private member information **must** be sent via [UCare's Secure E-mail Message Center](#). UCare is not able to open third party secure emails. If you don't have a secure email account, please register at this [link](#).

## UCare Contact Numbers

Please refer to the [Clinical Phone List](#) for Care Coordination delegates.

## Newsletter Article Requests

Is there a topic that should be covered in this newsletter? Please send all suggestions to [clinicaliason@ucare.org](mailto:clinicaliason@ucare.org).