

## Chapter 1: Introduction to UCare and the Care Management Manual

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### ***Welcome.***

Dear care coordinators and case managers:

On behalf of UCare and specifically the Clinical Services Department, we want to thank each and every one of you for your hard work and dedication to our UCare members.

Many outside of the health care community may be unaware of the huge effort made, and long hours spent, by care managers at the county level, along with our case managers with our care system partners, to deliver health care services to those most in need. We at UCare are certainly aware of your efforts, and can understand and empathize with the issues you confront daily in our 21<sup>st</sup> century health care environment. We want you to know that your hard work and dedication does not go unnoticed by us at UCare.

We look forward to your continued participation and superb efforts. As we collaborate with you as partners in health care, we promise to continue to listen to your issues, and to work cooperatively toward their resolution, while addressing the medical needs of our UCare members.

Sincerely,



Jeri Peters  
Director, Clinical Services  
UCare

## [Introduction to UCare](#)

# Introduction to the Care Management Manual

## Case Management/Care Coordination Overview

UCare developed this Care Management Manual as a means of disseminating instructions and guidance to care coordinators and case managers as they provide these services to our members in different UCare products.

Care coordination/case management supports UCare's mission statement, which is "to improve the health of our members through innovative services and partnerships across communities." Additionally, UCare is required through contracts with the Minnesota Department of Human Services (DHS) and by the Centers for Medicare & Medicaid Services (CMS) to provide care coordination and/or case management for specific UCare products.

UCare follows the requirements set forth by our regulators to set the requirements for case management/care coordination for UCare staff and delegated entities. UCare identifies these requirements through case management/care coordination requirement grids.

UCare modifies these grids from time to time, as regulatory requirements change, and notifies care coordinators and case managers of the changes in several ways:

- *Clinical Services Alerts* – e-mail alerts that notify of changes.
- *Clinical Services Updates* – newsletters.
- Quarterly trainings – for care systems and county partners.

UCare and/or delegated entities provide case management and care coordination for enrollees in the following UCare products:

- *UCare for Seniors* (case management).
- UCare's MSHO (care coordination).
- UCare MSC+ (case management).
- *UCare Connect* (case management).
- UCare Prepaid Medical Assistance (PMAP- Special Health Care Needs).

Further information and resources for case managers and care coordinators can be found on the [UCare website](#).

**Case management** is a collaborative process. It involves assessment, planning, facilitation, and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes.

The goals of case management are to:

1. Provide appropriate access to care.
2. Integrate and improve the coordination of care by:

- a. Ensuring optimal health status or decrease the rate of health decline.
- b. Providing social or community support systems.
- c. Promoting a safe environment.
- d. Reducing or, if possible, eliminating the impact of behavioral health issues.
- e. Encouraging self-reliance.

UCare supports and follows the guidelines for the standards of practice from the Case Management Society of America (CMSA). These standards of performance include:

1. Appropriate, timely, and beneficial service which promotes quality and cost-effective health care outcomes;
2. Professional licensure, training and knowledge of health, social services, and funding sources;
3. Collaborative, proactive, and patient-focused relationships;
4. Practice in accordance with applicable laws;
5. Ethical practice principles such as respect for the autonomy, dignity, privacy and rights of the individual; and
6. Advocacy for the member and the family, including awareness of and sensitivity to culturally appropriate care.

UCare and its delegated entities case management practices shall be consistent with relevant Department of Human Services (DHS) contract provisions regarding care coordination/case management services.

**Care coordination** is the coordination of services for a member among different health and social service professionals and across settings of care. Care coordination can include case management as described above or consist of a more limited coordination role such as a referral to a service.

## UCare Products

### Minnesota Health Care Programs (MHCP)

- [MinnesotaCare](#) – A state-subsidized program for people and families without access to affordable health care coverage, and living in UCare’s 78-county service area.
- [Prepaid Medical Assistance Program \(PMAP\)](#) – A federally and state-funded program for people and families who meet income and other eligibility requirements, including living in UCare’s 55-county service area. This program provides medical services to Medical Assistance managed care enrollees.
- [Minnesota Senior Care Plus \(MSC+\)](#) – A federally and state-funded program for people age 65 or older who meet income and other eligibility

requirements, and live in UCare's 55-county service area. This program provides medical services to Medical Assistance managed care enrollees.

- [UCare Connect](#) – A plan designed to meet the unique needs of adults with certified physical disabilities, developmental disabilities, and/or mental illness. It is for people ages 18-64 who are eligible for Medical Assistance and who live in UCare's 41-county service area.

### **Special Needs Plans (SNPs)**

- [UCare's Minnesota Senior Health Options \(MSHO\)](#) – A plan that combines the benefits of Medicare and Medicaid. It is for people ages 65 and older who are eligible for Medical Assistance and are enrolled in Medicare Parts A and B, and who live in UCare's 57-county service area.

### **Medicare Advantage**

- [UCare for Seniors \(HMO-POS\)](#) – An affordable Medicare plan available throughout the state of Minnesota and in 26 western Wisconsin. Members can choose from three plan options: Value, Standard D, Value Plus, and Classic.
- [Group UCare for Seniors](#) – An affordable Medicare Advantage plan offered to the retirees of more than 60 employers. Group *UCare for Seniors* is available to Medicare-eligible retirees and their Medicare-eligible dependents.

## **Resources**

### **Acronyms and Abbreviations**

Phone Contacts – [MSHO Care Coordinator contact list](#)  
[MSC+ Care Management contact list](#)  
[UCare Connect Case Coordinator contact list](#)

The CaringBridge website keeps members connected during a health challenge. Care coordinators or members can learn more about CaringBridge by visiting the [UCare CaringBridge website](#).