



# Seniors and People with Disabilities on Managed Care Advisory Committee Meeting

**Special Needs Purchasing Team**

**May 18, 10:00am-11:30am**

# Welcome!

- Thank you for attending the Advisory Committee for Seniors and People With Disabilities on Managed Care!
- The Advisory Committee meets twice per year, approximately spring and late fall
- The Advisory Committee welcomes anyone who is enrolled in MSHO, MSC+ or SNBC, their family, friends, caregivers, guardians or others who use these programs
- DHS staff use these meetings to gather input and ideas from members, and to share important updates
- Meetings are open to the public and we encourage attendance from anyone with an interest in these programs. We will hold space for public comment at the end of each meeting.

# Tips for Joining the Meeting

- Meetings are hosted virtually through Microsoft Teams. It is recommended that you join the meeting using a computer.
  - If do not have Microsoft Teams downloaded on your computer, click “Join on the web instead” when prompted
- If you are joining the meeting from a smartphone, tablet or mobile device, it is recommended you [download the Teams app](#).
  - In the meeting invite, tap the link next to **Join**.
    - If you haven't downloaded the Teams mobile app, this will take you to the app store to download it. Download the app and tap the meeting link again from the invite.
  - In the Teams mobile app, allow Teams to access your mic so people in the meeting can hear you.
  - Tap **Join as a guest**.
  - Type your name and tap **Join meeting**.
  - Once in the meeting, tap the center of your screen to view the meeting controls. From the meeting controls, you can turn your camera and mic on or off. Tap again to hide the controls.

# Agenda

- Welcome and Introductions
- Updates from the Special Needs Purchasing Team
  - Plan changes for 2027
  - MSHO and Integrated SNBC application processing delays
- PCA/Community First Services and Supports (CFSS) Update
- Medicare Advantage Supplemental Benefits
- Special Needs Plans Model of Care
- Advisory Committee Member Questions and Comments
- Public Comment (time permitting)

# Special Needs Purchasing (SNP) Team

- Chelsea Georgesen - Manager
- Sue Kvendru – Seniors Coordinator
- Tina Tran – Operations and MnCHOICES
- Ashley Hilbelink – Policy and Communications

# SNP Team Updates

- 2027 Plan Changes
- MSHO and Integrated SNBC application processing delays



Community First Services and Supports Update  
May 18, 2026

[DHS.CFSS@state.mn.us](mailto:DHS.CFSS@state.mn.us)

# PCA to CFSS Transition Data as of May 11, 2026



## CFSS Transition Monitoring Dashboard

Last Updated: 5/10/2026 6:53:44 PM

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### Dashboard Description

The Community First Services and Supports (CFSS) dashboard is a tool to track how people are moving from Personal Care Assistance (PCA) to CFSS over time. It helps show how many people still need to make the switch and highlights areas where progress is slow. Everyone using PCA must move to CFSS services by September 2026 to keep getting care. These data includes new recipients in CFSS who were not previously in PCA. Data is on encounters, claims, and authorizations 10/1/2024 - 5/10/2026.

### Filter Dashboard by Program

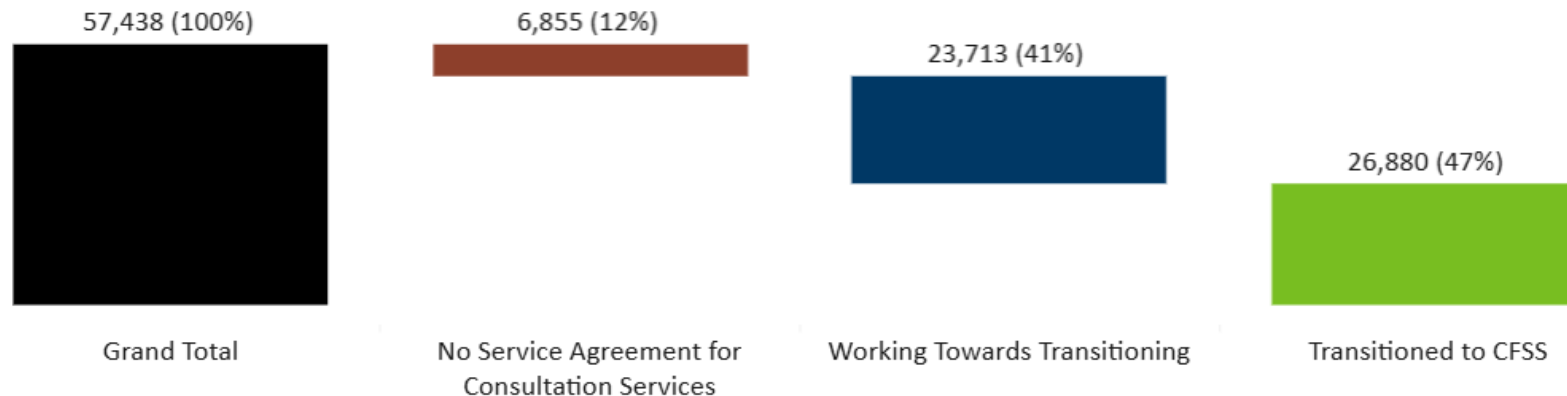
- (All)
- AC Program
- BI Waiver
- CAC Waiver
- CADI Waiver
- DD Waiver
- Elderly Waiver FFS
- Elderly Waiver MCO
- State Plan Home Care



Cancel

Apply

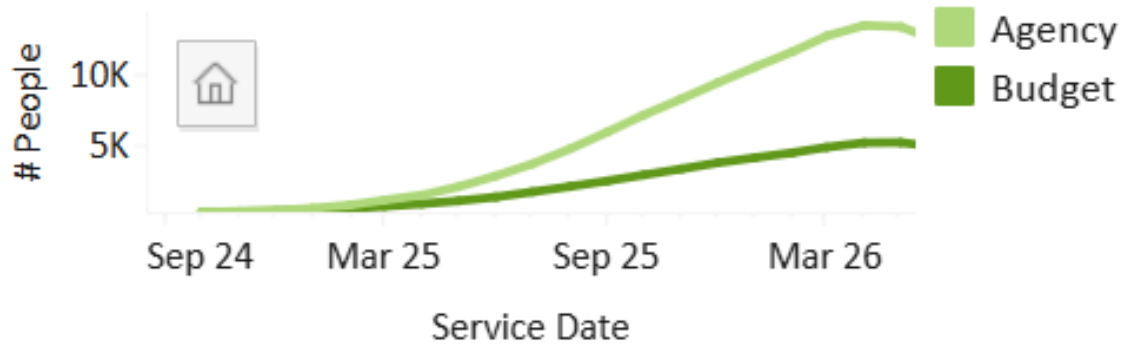
### # People by Current Transition Status



# Agency vs. Budget Model Data as of May 11, 2026

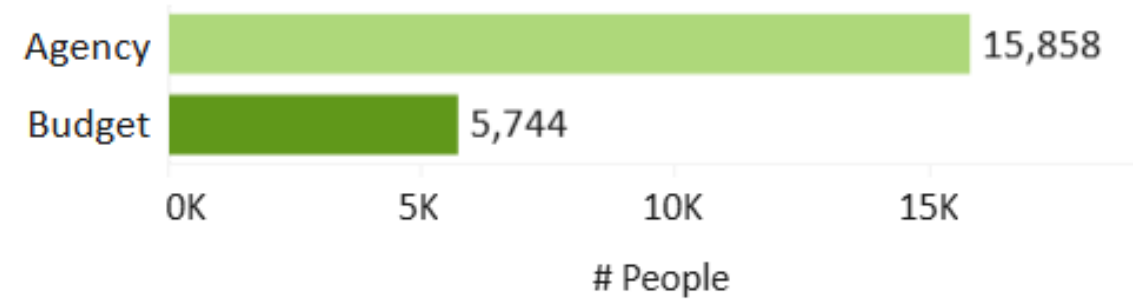
## CFSS Model: # of People by Service Dates

Only Contains Fee-For-Service Data



## Total People by CFSS Agency or Budget Model

Only Contains Fee-For-Service Data



# CFSS Transition Final Extension

- The transition of PCA/CSG to CFSS has been extended through September 30, 2027.
- This does not apply to:
  - People using the alternative care program (AC), the end date was 3/31/26.
  - People with (waiver) extended PCA, the end date is 9/30/26.
- Only extended CFSS will be available on waivers 10/1/26.

# CFSS Consultation Services RFP Update

- 20 consultation services providers were selected through an RFP.
- As of 5/8/26, 14 have completed all steps to move forward with signing the contract.
- Contracts will be sent in the next couple of weeks for others reviewed after 5/8/26.
- Once contracts are signed, providers will need to enroll and complete the following training:
  - MnCHOICES
  - Billing
  - CFSS Consultation Services (TrainLink)

- [CFSS policy manual](#)
- [DSD training handout archive](#)
- [FAQ](#)
- [MMIS reference guide](#)
- [Service agreement calculator](#)
- [Transition from PCA and CSG](#)

# Training opportunities

- [CFSS transition timelines](#)
- [DHS online CFSS trainings](#)
- [DSD training news and information](#)
- [Trainlink courses](#)
  - CFSS Lead Agency Training (Course Code: CFSS\_LA)
  - CFSS MMIS Training (Course Code: CFSS\_MMIS)
- [Webinar recording: CSG to CFSS](#)

# Medicare Advantage Supplemental Benefits

# Supplemental Benefits Overview

- Medicare Advantage (MA) plans are required to cover all benefits provided under Original Medicare:
  - Part A hospital benefits, Part B medical benefits, and all Dual Eligible Special Needs Plans (D-SNPs)\* also include Part D prescription drugs.
  - \*In Minnesota, Minnesota Senior Health Options (MSHO) and Integrated Special Needs BasicCare (SNBC) are D-SNPs
- Centers for Medicare and Medicaid Services (CMS) allows MA plans to offer supplemental benefits that are not covered under Original Medicare.
- MSHO and Integrated SNBC are allowed to offer supplemental benefits

# Supplemental Benefits Defined

- An item or service not covered by Original Medicare that is primarily health related, commonly covering dental, vision, hearing, and fitness
- Designed to improve health and manage chronic conditions
- For those with chronic illnesses, some plans offer specialized benefits that do not need to be strictly health-related – called Special Supplemental Benefits for Chronically Ill ( SSBCI)
- Benefits vary significantly by plan
- For MSHO and Integrated SNBC, Minnesota does not allow duplication of Medical Assistance (Medicaid) covered services.

# How does a plan decide on supplemental benefits?

- Plans submit bids for Medicare Advantage every year
- If a plan bids below a CMS “benchmark” they have rebate dollars to use for supplemental benefits
- This amount is also affected by a plan’s Star Rating
- The amount of dollars available varies each year depending these and other factors, so supplemental benefits change every year
- In past years, the amount available had been increasing so there was an increase in supplemental benefits
- Recently, the amount available has decreased so there has been a decrease in supplemental benefits

# State's role in Supplemental Benefits

- The State ensures MSHO and Integrated SNBC plans do not include Medical Assistance covered services as supplemental benefits by having the plan submit proposed supplemental benefits to DHS for review
- The State can guide supplemental benefit decisions but cannot require a plan to cover a supplemental benefit not permitted by CMS or provide a supplemental benefit to a member who is not eligible to receive it.

# Common Supplemental Benefits

- Dental, Vision, and Hearing: Extension of Medical Assistance benefit such as extra crowns, eye glass upgrades.
- Fitness Benefits: Gym memberships or fitness program access; home fitness kits
- Over-the-Counter (OTC) Items: Cards to buy qualifying health items not covered by Medical Assistance.
- Transportation: Non-emergency medical transportation such as transportation to fitness benefits and wellness classes
- Nutritional Support: Post discharge meals; Home-delivered meals for those not on waivers or grocery allowances
- In-Home Services: Safety benefits and home modifications (e.g., safety rails) not covered by Medical Assistance; animatronic support pets
- Health Education and Wellness Classes

# Special Needs Plan Model of Care

# Model of Care Overview

- CMS regulations require every Special Needs Plan (SNP) to have a Model of Care (MOC) approved by the National Committee for Quality Assurance (NCQA).
- The Model of Care is a vital quality improvement tool and integral component for ensuring that the unique needs of each member enrolled in a SNP are identified and addressed through the plan's care management practices.
- It provides the foundation for promoting SNP quality, care management and care coordination processes.

# Key Components of the D-SNP Model of Care

- Comprehensive Care Coordination: Indicates how the Medicare and Medicaid services are managed by one plan for simplified care
- Individualized Care Plan (ICP): A personalized plan developed for each member in collaboration with their care team. In Minnesota, we use the term support plan or care plan.
- Health Risk Assessment: An initial assessment upon enrollment and annually thereafter, to identify health needs
- Interdisciplinary Team (ICT): A team that might include doctors, case managers and social workers that collaborate to manage care.
- Integration: Focuses on aligning Medicaid benefits with Medicare for a better member experience

# Goals and Requirements of Model of Care

- Quality Improvement: The Model of Care serves as a framework to measure and improve care quality, requiring annual staff training
- Targeted Care Management: Identifies high-risk members for proactive care interventions
- Member-Centric Approach: Focuses on improving quality of life and accessing social services
- Provider Training: Providers working with dual eligible special needs plan (D-SNP) members must complete annual Model of Care training

# Incorporating Long-Term Care and Behavioral Health

- The Model of Care framework is Medicare centric and concentrates on health and medical elements
- CMS allows states to add elements that include long-term care and behavioral health so the Model of Care becomes a comprehensive document
- Department of Human Services (DHS), not NCQA, reviews and approves the added long-term care and behavioral health elements
- Examples of added elements include descriptions of transitions from settings of care, training on long-term care services and supports and behavioral health for providers and care coordinators and utilizing the Health Risk Assessment to engage the member

# Submission Timelines

- If a health plan is due to submit a Model of Care, it is submitted as a part of the annual bid process for Medicare which is late May or early June.
- Minnesota SNPs are in the process of developing their Models of Care for submission
  - Four MSHO and two SNBC plans will submit this year
- Department of Human Services provided the health plans with the added state elements
- National Committee for Quality Assurance (NCQA) will review and issue approvals
- DHS will begin review of the state elements and provide the health plans with feedback

# Model of Care Approval Process

- The National Committee for Quality Assurance (NCQA) Model of Care approval process scores each of the clinical and non-clinical elements.
- Health plans are approved for one-, two- or three-year periods
- Health Plans that have a failing score (less than 70%) for their initial Model of Care submission will have one chance to improve to achieve a passing score.
- The policy provides incentives for health plans to develop and submit comprehensive Models of Care and reward those plans that have demonstrated ability to develop quality Models of Care.
- Minnesota health plans have achieved three-year approval periods in almost all submissions.
- Health plans are required to make their Models of Care available to the public and commonly fulfill this requirement by posting them on their websites

# Advisory Committee Member Questions and Comments



# Public Comment

- We will limit public comment to 5 minutes (time permitting)