

PrimePartners

for Case Managers

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What to Know about Medication-Assisted Treatment (MAT)

Danielle Turner, LADC, Behavioral Health Care Coordinator

The [Fall 2021 issue of PrimePartners](#) included an article about the increase in overdoses and overdose deaths in Minnesota during the COVID-19 pandemic. One way to combat this crisis is through education about medication-assisted treatment (MAT). Research shows that MAT, particularly when combined with counseling and behavioral therapy, can successfully treat substance use disorders (SUDs) and can lower a person's risk for relapse. In doing so, it can also lower a person's risk of contracting HIV or hepatitis C (SAMHSA "MAT"). The following is some information about MAT medications that may make conversations with members a little easier.

Fast facts about MAT medications (SAMHSA 2021)

- The Food and Drug Administration (FDA) has approved MAT medications for both alcohol use disorders and opioid use disorders.
- MAT medications can be used for a short time, such as a few months, or they can be used for a lifetime.
- When used as prescribed, MAT medications can "normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative and euphoric effects of the substance used."
- Methadone and buprenorphine are two medications that can be prescribed to treat opioid use disorder.
 - Methadone can only be prescribed and dispensed by a Substance Abuse and Mental Health Services Administration (SAMHSA)-certified Opioid Treatment Program (OTP) (SAMHSA "MAT").
 - Buprenorphine can be prescribed or dispensed in a physician's office (SAMHSA "Buprenorphine"). More information about who can prescribe buprenorphine can be found on the [SAMHSA website](#).

The MAT medications approved by the FDA are evidence-based treatment options prescribed by a professional; they are not substitutes for a member's drug of choice. This is important to remember as a way to help reduce the stigma related to MAT. Another way to help decrease stigma is by using person-centered language. For example, instead of saying a person is "on suboxone" (a combination medication), say that person is "prescribed suboxone."

MAT medications work differently and may have different effects for different people. It is important to remind members to speak with their provider about which medication would be the best option for them as well as any concerns they may have.

More information about the types of medications used, side effects, and safety precautions can be found on the SAMHSA "[MAT Medications, Counseling, and Related Conditions](#)" web page.

Sources:

- SAMHSA, "Buprenorphine," January 24, 2022, www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/buprenorphine.
- SAMHSA, "Medication Assisted Treatment (MAT)," January 10, 2022, www.samhsa.gov/medication-assisted-treatment.
- SAMHSA, "MAT Medications, Counseling, and Related Conditions," November 4, 2021, www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions#alcohol-use-disorder-medications. 

Health Care Directives

Megan Nelson, RN, PHN, Care Coordinator

As a case manager, you play an important role in helping members make health care decisions and plans, including planning for end-of-life care and situations when a member is unable to make medical decisions. Discussing Health Care Directives (sometimes called "Advance Directives") with members is a crucial step in this process.

What is a Health Care Directive and what makes it valid?

The term Health Care Directive refers to a written statement of a person's wishes regarding medical treatment made to ensure those wishes are carried out if the person becomes unable to communicate them. The holder of the Health Care Directive can name a person ("agent") to make medical decisions if the holder is unable or does not want to make these decisions. The agent cannot be the person's health care provider, unless the health care provider is a family member or the person has given reasons for naming the health care provider as the agent. A person must be at least age 18 to make a Health Care Directive. In addition, while a designated form is not required, a Health Care Directive must meet the following requirements to be legal:

- Be in writing and dated
- State the member's name
- Be signed by the member or someone the member authorized to sign when their ability to understand and communicate health care wishes was intact
- Have the signature verified by a notary public or two witnesses
- Include the appointment of an agent to make health care decisions and/or instructions about the health care choices the member wishes to make (MDH)

What are the types of Health Care Directives?

The following are the four main types of Health Care Directives. All definitions are from the American Cancer Society.

The living will

The living will is a legal document used to state certain future health care decisions only when a person becomes unable to make the decisions and choices on their own. The living will is only used at the end of life if a person is terminally ill (can't be cured) or permanently unconscious....

Durable power of attorney for health care/Medical power of attorney

A durable power of attorney for health care, also known as a medical power of attorney, is a legal document in which you name a person to be a **proxy** (agent) to make all your health care decisions if you become unable to do so. Before a medical power of attorney can be used to guide medical decisions, a person's physician must certify that the person is unable to make their own medical decisions....

POLST (Physician Orders for Life-Sustaining Treatment)

A POLST form also helps describe your wishes for health care, but it is not an advance directive. A POLST form has a set of specific medical orders that a seriously ill person can fill in and ask their health care provider to sign. A POLST form addresses your wishes in an emergency, such as whether to use CPR (cardiopulmonary resuscitation) in an emergency, or whether to go to a hospital in an emergency and be put on a breathing machine if necessary, or stay where you are and be made comfortable....

Do not resuscitate (DNR) orders

...A Do Not Resuscitate or DNR order means that if you stop breathing or your heart stops, nothing will be done to try to keep you alive.

There are two types of DNR orders: one works while you are in the hospital, and one works when you are outside the hospital.

If you are in the hospital, you can ask your doctor to add a DNR order to your medical record. You would only ask for this if you don't want hospital staff to try to revive you if your heart or breathing stopped....

The non-hospital DNR is intended for Emergency Medical Service (EMS) teams. Unless you have a valid and visible DNR order, the EMS teams who answer 911 calls are **required** to try to revive and prolong life every way they can. A non-hospital DNR must be signed by both the patient and the health care provider.

For more detailed information on the different types of Health Care Directives, please review PrimeWest Health's [Health Care Directive \(HCD\) on-demand training](#) in the *County Case Management Manual*.

What is the role of the county case manager in assisting members with their Health Care Directives?

PrimeWest Health's goal is to make sure all members have documented their health care wishes in a Health Care Directive, and county case managers should have annual discussions with members about Health Care Directives. Documentation showing that this conversation has occurred is logged in case notes as well as in the PrimeWest Health Skilled Nursing Facility (SNF) Comprehensive Assessment Tool. It is also important that county case managers encourage members to talk with their primary care provider or other health care providers about their health care wishes before starting or revising a Health Care Directive.

Part of your role as a case manager is to discuss and answer questions related to Health Care Directives to help facilitate their completion. It is the responsibility of the member, legal representative, or appointed guardian to ensure the Health Care Directive is completed after discussion with the member's primary care provider and interdisciplinary care team (ICT). Encourage members to review and revise their Health Care Directives periodically and as they experience changes in their health. Remind members to give a copy of their Health Care Directive to all ICT members each time the document is updated.

A printable [Minnesota Health Care Directive](#) form is available on our website for member use.

Additional resources

Members can also get more information and Health Care Directive forms by going to the [Minnesota Board on Aging's website](#) or by calling the Board's Senior LinkAge Line® at **1-800-333-2433**. The call is free.

Sources:

- American Cancer Society, "Types of Advance Directives," May 13, 2019, www.cancer.org/treatment/finding-and-paying-for-treatment/understanding-financial-and-legal-matters/advance-directives/types-of-advance-health-care-directives.html.
- Minnesota Department of Health (MDH), "Questions and Answers about Health Care Directives," December 16, 2021, www.health.state.mn.us/facilities/regulation/infobulletins/advdir.html. 

PrimeWest Health Dental Benefit Changes

Leah Anderson, Dental Services Coordinator

PrimeWest Health recently updated “[Limited Benefits for Non-Pregnant Adults](#)” in the *Dental* section of our *Provider Manual*. Changes include the following:

- **Periodontal Services**
 - Scaling and root planing for non-pregnant adults age 21 and over with an approved Service Authorization is now covered. Members should discuss the need for this service with their dental provider during their dental visit. This service is sometimes referred to as a “deep cleaning.”
 - Periodontal maintenance is now covered, up to four per calendar year following the completion of scaling and root planing.
- **Supplemental Benefits for PrimeWest Senior Health Complete (HMO SNP) and Prime Health Complete (HMO SNP) Members**
 - Members in these programs with an approved Service Authorization are now eligible for the following supplemental benefits:
 - One additional replacement set of dentures (one maxillary and one mandibular) every six years
 - One porcelain crown per calendar year

For more information, review the PrimeWest Health *Provider Manual*, or call the Provider Contact Center at **1-866-431-0802** (toll free). 

New Benchmark for Dental Access

Leah Anderson, Dental Services Coordinator

The Omnibus Health and Human Services Finance Bill passed during Minnesota’s 2021 legislative special session includes performance benchmarks for dental access. PrimeWest Health, along with the other Medical Assistance (Medicaid) and MinnesotaCare health plans, is required to increase the percentage of child and adult members who have at least one dental visit to at least 55 percent for each calendar year from 2022 to 2024. If Medical Assistance (Medicaid) and MinnesotaCare health plans fail to meet the 55 percent benchmark, the Minnesota Department of Human Services (DHS) will issue a request for proposals and then contract with a single dental administrator to administer dental services for all such health plans beginning on January 1, 2026.

PrimeWest Health is implementing a multi-faceted strategic plan to increase access to dental providers within and around our counties and increase member utilization of dental services. County case managers are an integral part of increasing member utilization. We ask that county case managers be familiar with the local dental provider options and encourage members to schedule a dental visit at least once a year. This includes members with dentures and members who previously have not made routine, preventive dental care a priority.

PrimeWest Health will continue to provide education to members about the importance of dental visits and is working to partner with dental clinics to help them overcome barriers related to staffing shortages, patient no-show concerns, and COVID-19 precautions that are still in place.

As strategies are developed and implemented, PrimeWest Health will continue to provide updates. Please watch for important training opportunities, new educational materials, and notifications about new dental provider options, providers accepting new patients, and providers limiting their acceptance of new PrimeWest Health members.

We are excited to work together with counties to expand access to dental services and improve the oral health—and overall health—of our members!

Please contact **Leah Anderson** with any feedback, questions, or ideas.

Source: MN Legislature, H.R. HF 33, 92nd Legislature, 1st Special Session (2021) 

Important Dates

✓ County supervisor meetings

Meetings are held the third Thursday of the month, and will take place remotely until further notice. Watch your emails for additional information.

- February 17
- March 17
- April 21
- May 19
- June 16

Contact Information

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You can find current and past issues of *PrimePartners* at www.primewest.org/primepartners.