

PrimePartners

for Case Managers

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Alcohol: Amounts and Effects

Chelsey Wildman, BES, LADC, ADC-MN, Chemical Dependency Care Coordinator

Whether it's daily, weekly, or on special occasions, the members you work with may drink some form of alcohol. While this is not necessarily a bad thing, it is important for them to know how much alcohol is actually in one drink, how it affects the body, and what studies showing the benefits of alcohol really mean. It's also important for county case managers to talk with members who may have a problem with alcohol and encourage them to get help.

One thing many people may not realize is that alcohol affects everyone differently. Genetics, gender, diet, environment, and pre-existing medical conditions are just some of the factors that influence how alcohol affects the body—and can account for why some people can stop after just a few drinks and why, for other people, those few drinks can turn into alcoholism (NIAAA 2015, 2).

Amounts and guidelines

The infographic to the right is based on information from the American Heart Association (AHA) and may be helpful to share with members. Knowing how much alcohol is in each drink can help members think about how much alcohol they are actually consuming.

Another important factor to consider is how much a member drinks each day and each week. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA):



Research demonstrates “low-risk” drinking levels for men are no more than 4 drinks on any single day AND no more than 14 drinks per week. For women, “low-risk” drinking levels are no more than 3 drinks on any single day AND no more than 7 drinks per week. (2015, 3)

These general guidelines are important limits to keep in mind, but be sure to also tell members that depending on their age, health, and how alcohol affects them personally, they may need to drink less or not at all (NIAAA 2015, 3).

Effects of alcohol

The harmful effects of alcohol are well-documented. Cirrhosis of the liver and heart disease are common issues that spring to mind, but there are other harms. Alcohol use can also exacerbate the symptoms of pre-existing conditions and has been linked to more than 60 diseases (Freeman 2011, 1). Excessive alcohol consumption can do all of the following:

- Affect the **brain** and its ability to function. Long-term and short-term memory, motor coordination, and ability to learn and solve problems are all hindered. With continued and excessive use, studies have shown that brain matter actually shrinks over time and causes symptoms of dementia (NIAAA 2015, 4 – 8).

- Impair the **immune system** by reducing the body's ability to fight off bacteria and viruses, such as pneumonia or tuberculosis. A weakened immune system has also been linked with an increased susceptibility of contracting HIV—and the virus develops faster in chronic drinkers (NIAAA 2015, 20 – 22).
- Cause **nerve damage** or alcoholic neuropathy, which is a painful condition that develops over time and leads to numbness and pain in the arms and legs and muscle weakness and aches. The nerve damage is usually permanent and can lead to severe disability (Freeman 2011, 3).
- Aggravate **gout**, a painful joint condition. In addition to aggravating the condition, alcohol is believed to play a role in its development (Freeman 2011, 2).
- Increase the risk of **cancer** in the mouth, throat, voice box, esophagus, liver, breast, and colorectal region (Freeman 2011, 1).
- Increase the symptoms of **depression**. This leads to feelings of loneliness and isolation and increases the risk for self-harm or harm to others (Freeman 2011, 2).

However, studies do show that healthy people who drink a moderate amount of alcohol (no more than two drinks for men and no more than one drink for women per day) may lower their risk of coronary heart disease. Moderate alcohol consumption can prevent fat from building up in the arteries and raises the levels of “good” cholesterol, HDL. Just don't forget what was mentioned earlier—that alcohol can also cause heart disease. And, even small amounts can exacerbate heart conditions such as hypertension, alcoholic cardiomyopathy, and arrhythmia (NIAAA 2015, 9 – 12).

Encourage members to talk with their primary care provider

There's a lot of information to process—and because so much depends on the individual person, it can be hard to know how much alcohol is considered okay or how much is too much. If you suspect a member may be drinking too much, encourage the member to make an appointment with his primary care provider and to be honest when answering questions about alcohol consumption. If the answer to the question “Is your alcohol use affecting your life in a negative way?” is “Yes,” let the member know help is available.

If you have questions about the effects of alcohol or resources available to members, please contact **Chelsey Wildman**.

Sources: “Alcohol and Heart Health,” AMA, accessed March 3, 2016. www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Nutrition/Alcohol-and-Heart-Health_UCM_305173_Article.jsp?appName=MobileApp.

Beyond Hangovers: Understanding Alcohol's Impact on Your Health, NIAAA, last modified October 2015, <http://pubs.niaaa.nih.gov/publications/Hangovers/beyondHangovers.pdf>.

Freeman, David, “12 Health Risks of Chronic Heavy Drinking,” WebMD, last modified September 15, 2011, www.webmd.com/mental-health/addiction/features/12-health-risks-of-chronic-heavy-drinking. 

Autism: Overview and Early Intensive Developmental and Behavioral Intervention (EIDBI)

Ann Challes, RN, BSN, PHN, CMCN, Women & Children Care Coordinator

Autism spectrum disorder (ASD) is a developmental disability that includes conditions such as autistic disorder (autism), Asperger's syndrome, childhood disintegrative disorder (CDD), pervasive development disorder-not otherwise specified (PDD-NOS), and Rett syndrome. In the past, many of these conditions were given separate diagnoses; now they are diagnosed as ASD.

Symptoms

According to the Centers for Disease Control and Prevention (CDC), ASD “can cause significant social, communication and behavioral challenges.” Symptoms of ASD and their severity vary from person to person. A

person with ASD may have symptoms that include difficulty understanding feelings and difficulty making eye contact. The person may prefer to be alone and have trouble relating to others. She may not speak or may have delayed speech and verbal communication skills. She may repeat certain activities or behaviors and may have very rigid routines and rituals that “must” be followed. Signs of ASD become noticeable in early childhood.

Diagnosis and treatment

As the CDC notes, “diagnosing ASD can be difficult since there is no medical test . . . to diagnose the disorders. Doctors look at the child’s behavior and development to make a diagnosis.” While there is currently no cure for ASD, early diagnosis and interventions to help the child learn important skills such as walking, talking, and interacting can improve quality of life and increase chances for successful development.

Early Intensive Developmental and Behavioral Intervention (EIDBI)

Early Intensive Developmental and Behavioral Intervention (EIDBI) is a Minnesota Health Care Programs (MHCP) program created to provide a range of individualized services to individuals under age 21 who qualify for Medical Assistance (Medicaid) and have been diagnosed with ASD or a related condition. The services available under EIDBI include a comprehensive multi-disciplinary evaluation, care conferences, and interventions that address the affected developmental domains.

For additional information about EIDBI services and benefits for PrimeWest Health members, see Chapter 16, Mental Health Services, of the PrimeWest Health *Provider Manual* at www.primewest.org/providermanual.

Source: “Facts about ASD,” last updated March 28, 2016, CDC, www.cdc.gov/ncbddd/autism/facts.html. 

Child Abuse Prevention

Ann Challes, RN, BSN, PHN, CMCN, Women & Children Care Coordinator

April is National Child Abuse Prevention Month. Its purpose is to “acknowledge the importance of families and communities working together to prevent child abuse and neglect, and to promote the social and emotional well-being of children and families” (Children’s Bureau 2016). In many ways, the best chance we have for enjoying thriving communities in the future is to help children become healthy adults. In this respect, child abuse affects everyone.

The facts

Child abuse is any form of maltreatment of a child that injures or harms a child. According to Minnesota Communities Caring for Children (MCCC), previously known as Prevent Child Abuse Minnesota, there were over 19,000 reports of child maltreatment in Minnesota in 2013, which resulted in 5,083 family investigations.

In Minnesota, neglect is the most commonly reported form of maltreatment and can be defined as “neglecting to provide adequate food, clothing or shelter, endangerment, abandonment, and inadequate supervision.” The second most commonly reported form of maltreatment is physical abuse and the third is sexual abuse (MCCC 2014).

The average child who suffers from abuse is under age 6. Because of this, it is important to advocate for children and speak up for them if you notice signs of abuse. Not every child will show the same signs of abuse. Some children may be withdrawn, while others may become aggressive. Some general signs of abuse may include the following:

- A child who is nervous around certain adults or generally fearful and anxious
- A child who is reluctant to go home
- A child who complains of nightmares
- A child who has sudden changes in behavior or school performance
- A child with unexplained bruises or injuries (MCCC 2014)

Laws and guidelines

As a county case manager, you are a mandated reporter of child abuse. To view the Minnesota Department of Human Services (DHS) *Resource Guide for Mandated Reporters of Child Maltreatment Concerns*, please go to <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-2917-ENG>.

Several significant changes to Minnesota legislation regarding the delivery of child welfare services to children and families became effective July 1, 2015. As stated in DHS Bulletin #15-68-08, "Overview of 2015 Laws Affecting Children and Families," the affected areas of law include the following:

- Child protection
- Child fatality and near fatality
- Out-of-home care and Northstar Care for Children
- Protecting missing and runaway children and youth at risk of sex trafficking
- Minnesota Indian Family Preservation Act
- Workforce development and Minnesota Department of Human Services oversight
- Grants and funding

DHS Bulletin #15-68-08 contains a summary of these changes and can be found at www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&noSaveAs=1&Rendition=Primary&allowInterrupt=1&dDocName=dhs16_195625.

In addition, in December 2015, DHS published the revised *Minnesota Child Maltreatment Intake, Screening and Response Path Guidelines* (DHS-5144), which can be found at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5144-ENG>. The guidelines are based on MN Stat. sec. 626.556, Reporting of Maltreatment of Minors, and their purpose is to provide guidance to child welfare agencies and to give consistency in both definition and practice. These guidelines must be followed by child protection staff, supervisors, and anyone else involved in child protection, intake, and screening. Any agency that wishes to make changes to the guidelines must have the changes preapproved by DHS.

Please review this information to ensure you and your agency are in compliance with the 2015 changes to the child welfare legislation and are following the appropriate guidelines.

Resources

For additional resources and information on child abuse prevention, please visit the following websites:

- MCCC at www.pcamn.org
- Centers for Disease Control and Prevention (CDC) at www.cdc.gov/violenceprevention/acestudy/index.html
- Resilience Trumps Aces at www.resiliencetrumpsaces.org

Minnesotans are fortunate that there are many local county child abuse prevention councils that focus on providing education and support to children and parents. Please contact your Social/Human/Family services agency for more information about these councils and how you can participate.

If you have any questions, please contact **Ann Challes**.

Sources: "Bulletin #15-68-08, Overview of 2015 Laws Affecting Children and Families," DHS, July 1, 2015, www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&noSaveAs=1&Rendition=Primary&allowInterrupt=1&dDocName=dhs16_195625.

"Child Maltreatment," MCCC, 2014, www.pcamn.org/pcamn/child-maltreatment.

Children's Bureau, "National Child Abuse Prevention Month 2016," Child Welfare Information Gateway, accessed April 5, 2016, www.childwelfare.gov/topics/preventing/preventionmonth/about. 

Minnesota Department of Human Services (DHS) Gaps Analysis Study

Kristi Shamp, RN, BSN, CPHM, SNP Senior Care/UM Care Coordinator

The Gaps Analysis study is one of four biannual studies used by the Minnesota Department of Human Services (DHS) to inform the Minnesota Legislature about the status of long-term services and supports for older adults, people with disabilities, and people with mental health conditions in Minnesota.

DHS contracted with Wilder Research to conduct the 2013 – 2014 Gaps Analysis study, which was completed in July 2015. Wilder Research used surveys and interviews to collect information from counties, tribes, managed care organizations (MCOs), people receiving Home and Community Based Services (HCBS), providers, and stakeholders. Participants were asked about their perceptions of the capacity for, and gaps in, the services available in Minnesota, including HCBS and mental health services and supports.

This Gaps Analysis study also included a one-time study, the HCBS Critical Access Study, to examine critical access to HCBS at the local level. This study was conducted by Abt Associates.

If you are interested in the results, the full reports from each study are available on the DHS website at www.mn.gov/dhs/partners-and-providers/continuing-care/data-measures/gaps-analysis/current-study/index.jsp. 

Minnesota's Olmstead Plan

Elizabeth Warfield, RN, BSN, Senior Care Coordinator

In September 2015, Minnesota's Olmstead Plan was approved by the United States District Court. The plan outlines actions the State of Minnesota is required to take to make sure Minnesotans with disabilities are able to live productive, fulfilling, meaningful lives "in the most integrated setting of their choosing."

The actions Minnesota must take are based on the principles of person-centered planning, a practice in which the most important consideration for any decision is personal choice. As part of the Olmstead Plan, the State must ensure choices in employment opportunities, personalized living arrangements, education, health care, and community involvement, as well as access to services.

For more information about Minnesota's Olmstead Plan, go to the Olmstead Plan's website at www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=opc_home. More information on person-centered planning can be found in the Minnesota Department of Human Services (DHS) Bulletin #16-56-01, "Lead Agency Requirements for Person-Centered Principles and Practices – Part 1" at www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs-285572.pdf.

Source: "Bulletin #16-56-01, Lead Agency Requirements for Person-Centered Principles and Practices – Part 1," DHS, February 11, 2016, 4, www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs-285572.pdf. 

Parkinson's Disease

Rachel Mead, RN, BS, CPHM, SNP Senior Care/UM Coordinator

As a case manager for PrimeWest Health members, you may work with members who have Parkinson's disease, and you might want to know more about it so you can best help these members. The first thing to know is that Parkinson's disease is a progressive nervous system disorder in which "certain nerve cells (neurons) in the brain gradually break down or die." It affects movement and develops gradually over time (Mayo Clinic 2015).

What are the symptoms?

Parkinson's disease usually starts with mild symptoms that "often begin on one side of [the] body and usually remain worse on that side, even after symptoms begin to affect both sides." Tremors are probably the most well-known symptom of Parkinson's disease, but Parkinson's also commonly causes stiffness, rigid muscles,

and slowed movement (bradykinesia). Other symptoms include difficulty with speech and inability to perform “automatic” or “unconscious” movements like blinking or smiling (Mayo Clinic 215).

What causes Parkinson’s disease and can it be prevented?

The cause of Parkinson’s disease is unknown. However, the following appear to play a role: genetics, having relatives with Parkinson’s, and environmental exposure to certain toxins. The risk of Parkinson’s increases with age—it usually develops around age 60—and men are more likely to develop the disease than women (Mayo Clinic 2015).

According to the Mayo Clinic, “Researchers have also noted that many changes occur in the brains of people with Parkinson’s disease, although it’s not clear why these changes occur.” These changes include the presence of Lewy bodies and the alpha-synuclein found within Lewy bodies. Scientists are currently researching what role these substances play (Mayo Clinic 2015).

Because the symptoms are progressive and can be severe, an obvious question to ask is, “What can I do to prevent it?” Unfortunately, there is no known way to prevent Parkinson’s. Some studies have shown that caffeine and regular aerobic exercise may reduce the risk (Mayo Clinic 2015). Other studies have shown that eating more fruits and vegetables and less red meat and dairy may help. The connections between these lifestyle choices and the role they may play in Parkinson’s are still unclear, and there is still a lot of research to be done in this area before any definite conclusions can be drawn (WebMD).

How is Parkinson’s disease diagnosed and treated?

There are currently no tests that can diagnosis Parkinson’s disease. Diagnosis is based on medical history, a review of symptoms, and neurological and physical examinations (Mayo Clinic 2015).

At this time, there is no cure for Parkinson’s disease and treatment focuses on controlling symptoms. Lifestyle changes, physical therapy, medication, and surgery are the current methods of symptomatic treatment (Mayo Clinic 2015). If you have questions about whether a certain medication is covered for a member, you can contact **Ann Ehler**.

Being well-informed can help you interact and connect with members who have Parkinson’s disease. Please encourage them to keep their medical appointments and follow their treatment plans. You can find more information about Parkinson’s disease on the Mayo Clinic website at www.mayoclinic.org/diseases-conditions/parkinsons-disease/basics/definition/con-20028488.

Sources: Healthwise, “Prevention,” WebMD, August 2014, www.webmd.com/parkinsons-disease/guide/parkinsons-disease-prevention.

“Parkinson’s Disease,” Mayo Clinic, last updated July 7, 2015, www.mayoclinic.org/diseases-conditions/parkinsons-disease/basics/definition/con-20028488. 

Educational Webinars: Learn More about Dementia and Alzheimer’s Disease

PrimeWest Health is pleased to offer three Alzheimer’s disease/dementia presentations in the coming months. **These webinars will be included as part of the regularly scheduled county case management educational webinars. Each webinar will start at 10 a.m.**

Jess Steinbrenner, MSW, LGSW, Program Manager with the Minnesota–North Dakota Chapter of the Alzheimer’s Association, will provide the training. Ms. Steinbrenner provides direct services to individuals and families throughout western Minnesota dealing with Alzheimer’s disease and other dementia. Drawing on her personal

and professional experiences, she also teaches community and professional education classes on a variety of topics related to dementia. Ms. Steinbrenner has a master's degree in social work from the University of North Dakota and has been working with family caregivers in a variety of capacities for eight years. PrimeWest Health is excited to have her share her expertise during this three-part series of webinars.

If you have any questions about these upcoming webinars, please contact **Jennifer Bundy**.

April 27 Know the 10 Signs: Early Detection Matters	June 22 The Basics: Alzheimer's Disease, Dementia, and Memory Loss	August 24 Understanding and Responding to Dementia-Related Behaviors
Purpose This webinar provides participants with a greater understanding of the difference between age-related memory loss and Alzheimer's disease/dementia and what to do if someone shows signs of Alzheimer's disease. Objectives • Identify the 10 warning signs of Alzheimer's disease and what to do if someone is showing signs of Alzheimer's • Understand what is involved in getting an Alzheimer's disease diagnosis • Identify the risk factors that can lead to Alzheimer's disease, including the effects of other medical conditions • Understand the benefits of early detection	Purpose This webinar is geared toward increasing participants' knowledge about Alzheimer's disease and related dementia. Topics include: symptoms and stages of Alzheimer's disease and other types of dementia, associated risk factors, how these conditions affect the brain and how they are diagnosed, treatment, and hope for the future. Objectives • Gain an understanding of dementia and Alzheimer's disease • Understand the current symptomatic treatments available • Understand the importance of early diagnosis and planning	Purpose This webinar provides practical information and resources to help caregivers of people with dementia decipher behaviors and determine how best to respond. Participants are taught a four-step process to use to intervene with behaviors they may encounter in caregiving. After learning the four steps, participants will learn how to apply them to five of the most common behaviors encountered by caregivers: anxiety or agitation, confusion or suspicion, aggression, repetition, and wandering. This webinar is interactive—participants should be prepared to participate and take part in small group discussion. Objectives • Identify common triggers for behaviors associated with dementia • Understand the process for assessing and identifying challenging behaviors • Learn strategies to address some common dementia-related behaviors 

Zika Virus

Elizabeth Warfield, RN, BSN, Senior Care Coordinator

On February 1, the World Health Organization (WHO) declared the Zika virus a public health emergency of international concern (PHEIC), thrusting Zika into the spotlight. While there are several methods of transmission, Zika is most commonly spread by mosquitos (CDC 2016). With the mosquito being the unofficial state bird of Minnesota, you may get questions from members who are concerned about possible infection. While it can be easy to fixate on worst case scenarios and soundbites, it is important to let members know that the majority of people infected with Zika (around 80 percent) do not experience symptoms (CDC 2016). If symptoms *are* present, they are usually mild and consist of achiness (mainly in joints), low-grade fever, rash, and eye redness (MDH 2016). As with many viral infections, there is no medication a person can take to get rid of Zika, so treatment focuses on relieving symptoms (CDC 2016).

Affected areas

Current travel notices from the Centers for Disease Control and Prevention (CDC) caution people to be careful if traveling to the Caribbean, Central America, the Pacific Islands, and South America. Although Zika has been reported in the United States, including in Minnesota (CDC 2016), these cases have been diagnosed in people who

have traveled to affected areas. According to the Minnesota Department of Health (MDH), Zika “has yet to be transmitted in the continental United States. The mosquito species known to transmit the virus are not currently found in Minnesota.”

Health concerns

The major concern regarding Zika is the evidence linking it to microcephaly and Guillain-Barré syndrome (GBS). While the connection has not yet been proven, the evidence appears strong.

- Microcephaly is a birth defect in which the skull and brain of a fetus do not develop normally, leading to a small deformed head and severe neurological abnormalities.
- GBS is an autoimmune disorder that manifests as pain, numbness, and progressive weakness generally beginning in the legs and extending into the arms and upper body. In rare cases, it can affect a person’s breathing and heart rate. While most people recover fully, weakness can persist for years.

Because both microcephaly and GBS can be caused by other factors, researchers are trying to determine what role Zika may play (CDC 2016). If Zika is proven as a causative factor in the development of microcephaly and GBS, these outcomes would still only occur in fewer than 1 percent of Zika cases (MDH 2016).

Pregnancy concerns

Because Zika can potentially cause or contribute to microcephaly, the CDC recommends pregnant women consider canceling or delaying travel to areas where Zika has spread. Although Zika is spread primarily by mosquitoes, it can also be sexually transmitted. Because of this, the CDC also recommends “pregnant women with male sex partners who have lived in or traveled to an area with Zika virus should either use condoms . . . or not have sex during the pregnancy.” Women trying to get pregnant should talk to their health care providers before traveling to areas where Zika has spread (CDC 2016).

Prevention

Everyone—pregnant or not—who travels to areas with Zika is advised to do what they can to prevent mosquito bites. Tips include the following:

- Avoid being outside during the day as much as possible. Mosquitoes that spread the virus seem to bite most often during the day.
- Wear long-sleeved shirts and pants (CDC 2016)
- Consider using a DEET-based mosquito repellent. Other substances that can deter mosquitos include oil of lemon eucalyptus and picaridin (MDH 2016).

Anyone who exhibits symptoms and has travelled to areas affected by Zika should consult a health care provider to determine if testing is warranted.

Conclusions

Making sure members have the right information about Zika and encouraging them to be smart travelers can go a long way in calming fears. MDH Commissioner Ed Ehlinger put the situation into perspective in a press release from MDH in which he said, “Zika virus is not a health threat for people in Minnesota, but it is a reminder that anyone traveling to a different part of the world should be mindful of the health issues present in that region.”

More information about Zika can be found on the CDC website at www.cdc.gov/zika.

Sources: “CDC testing confirms Zika virus infection in Minnesota traveler returning from Central America” MDH, January 27, 2016, www.health.state.mn.us/news/pressrel/2016/zika012716.html.

“Zika virus,” CDC, 2016, www.cdc.gov/zika. 

Email Subject Lines

Shirley Saathoff, Senior Care Coordination Specialist

When emailing PrimeWest Health, please remember the following when composing the subject line:

- If possible, use one of the options listed below as your subject line.
- If you can't use one of the options listed below, keep your subject line simple.
- Only basic information is needed and a short subject line will save you time.
- Do not use a member's name or PMI # as the subject line.
- Using an incorrect subject line could delay our reply to you.
- Include information about only one member per email.

Emails from county case managers to PrimeWest Health

Email subject line	Clarification
Care Plan	Questions or concerns about care plans
CCM Name(s)	Notification of change of the member's county case manager • More than one member can be listed in an email for this purpose
EW Eligibility	Update as to why a member has lost Elderly Waiver (EW) eligibility
Expired	Notification of member's death. Include the following: • Date of death (DOD) • If member expired in the hospital • If member was on hospice
FTIS Updates	Update regarding fast track intervention strategies (FTIS)
Hospice	Update on hospice care. Include the following: • Hospice admit date • Hospice provider • Hospice diagnosis • Hospice discharge date
Question	Ask a question
Secure Email	• To set up secure email, contact Shirley Saathoff • For problems, contact Dan Benson
SNF Part 1 Question	Questions regarding Skilled Nursing Facility (SNF) Part 1 web form
SNF TOC	This is for SNF members ONLY. • Send update when SNF member is admitted to and discharged from the hospital, mental health stay, Swing Bed, acute rehab, etc. • Include admission and discharge dates and the settings
SNF Update	This is for all members. • SNF admissions: include date of admission, name of SNF, if stay is short term (ST) or long term (LT), setting member is being admitted from • If changing from ST to LT SNF stay, include date this was decided • SNF discharge: include date of discharge
Staff Change	PrimeWest Health would like the supervisor to send this email. • Email Shirley Saathoff when a county staff person is hired, leaves, or has any change in information • Emails about a new hire should include email address and phone number
Update	Member update that does not fall into any of the other categories

PrimeWest Health will try to be consistent with the email subject lines we send to you, too.

Emails from PrimeWest Health to county case managers

Email subject line	Clarification
CCM Capitation	A list of members for each county for capitation. No reply is needed, unless the county case manager listed is incorrect.
Expired MMIS	Notification to close the screening document in Medicaid Management Information System (MMIS) when a member expires
EW Eligibility	Notification that member has lost EW eligibility or missed months of capitation
HEDIS AMM Missed Fill	Notification that member is late in refilling his/her antidepressant medication. No reply is needed.
HEDIS Risk	Notification of update regarding Healthcare Effectiveness Data and Information Set (HEDIS) measures. If this has already been addressed with PrimeWest Health, no reply is needed.
Incomplete Paperwork	Notification regarding member's late paperwork and the possibility of losing Medical Assistance (Medicaid) eligibility
Living Arrangement Verification	Monthly notification when there is a discrepancy between the Minnesota Department of Human Services (DHS) and PrimeWest Health regarding the member's living arrangement status
MA Eligibility	Notification that a member lost Medical Assistance (Medicaid) eligibility. No reply is needed.
Missed Capitation	Notification that a member's paperwork was not turned in and the member missed capitation
Multiple Falls	Notification that a member shows up on the falls report with multiple falls for the same day. The county case manager is to reply and verify that the member did, in fact, have that number of falls on that day.
Reassessments Due	Notification of members who have a reassessment coming due. No reply is needed.
SNF MMIS	Notification to close the screening document in MMIS when a member enters an SNF
ST SNF Stay Over 45 Days	Notification of the date a member's ST SNF stay changed to a LT SNF stay. No reply is needed. 

Tools for Person-Centered Thinking: Part 2 of 7

Ann Tesch, RN, BSN, PHN, CCP, Complex Care Coordinator

This is the second in a series of articles about tools to help county case managers develop a skill set focused on person-centered thinking, a concept that emphasizes empowerment, personal rights, choice, and inclusivity when working with members. This article will focus on determining what is “important for” and what is “important to” a member.

What's the difference?

- **“Important for”** identifies the issues of health and safety as they relate to the member's need for support. This may include areas such as prevention and treatment of illness, promotion of wellness, environmental safety, physical and emotional well-being, and freedom from fear.
- **“Important to”** identifies what is truly important to the member to be satisfied in his life. This may include areas such as relationships, levels of status and control, things to do and places to go, rituals and routines, pace of life, and things to have.

Goals

In person-centered thinking, the focus should be on the following two goals:

1. Identifying what is “important for” and “important to” the member
2. Finding a balance between these areas

The question then becomes, “How can health care professionals achieve these goals?” The answer is that both can be accomplished by having conversations with the member. Conversations should focus on identifying what is important to the member and what you see as being important for the member. This is crucial to keeping members as engaged in the treatment plan as possible and keeping them motivated and excited about achieving their goals.

How it works

For example, as a case manager, you might set a goal for a member to quit smoking because doing so is *important for* his health. The member, however, is not interested in quitting and will not work toward this goal because it's not *important to* him. You and the member need to find common ground—and you can find that by having a conversation. Ask him why he smokes—does he smoke to cope with stress? Or, maybe he is a social smoker. Find out whether he understands the health risks and costs associated with smoking.

Through this conversation, you may be able to turn something that is important *for* the member into something that is important *to* the member. If the member mentions he likes going to visit his grandkids in a different state but finds money tight, talking with him about how much he spends on cigarettes and how much he could potentially save and put to a different use may help him think of quitting as something that will strengthen his relationships and help him do things he enjoys. Finding out what is important to a member through conversation can help you create a “hook” that can help the member get on board with what is important for him.

Identifying and balancing the “*fors*” and “*tos*” is often used to help develop a person-centered plan. Talk with the member and write out on paper what is important to him. This allows him to feel—and see—that you are listening to him and acknowledging his thoughts and concerns. Then, write out what is important for the member, identifying what is needed for him to be safe and healthy. Look for commonalities between the two lists, develop goals that incorporate ideas from both, and talk them over. Nobody will want to work on a goal if they are not going to find any satisfaction in it—help the member make the connection between what’s important for him and what’s important to him.

More information

For a more in-depth look at identifying what is important to and important for a member and how to find a balance, please visit The Learning Community for Person Centered Practices website at www.learningcommunity.us or contact **Ann Tesch**. 

Important Dates

✓ County supervisor meeting

Meetings are held on the third Thursday of the month, 10 a.m. – 3 p.m., at PrimeWest Health in Alexandria, unless otherwise noted.

April 21	September 15
May 19	October 20
June 16	November 17
July 21	December 15
August 18	

✓ County case management educational training

Trainings are held on the fourth Wednesday of the month via webinar from 10 a.m. – noon, unless otherwise noted.

April 27	September 28
May 25	October 26
June 22	November 23
July 27	December 28
August 24	

Contact Information

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