

# PrimePartners

## *for Case Managers*

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### Welcome to Our New Care & Population Health Management Staff Members

*Aja Mayer, RN, Quality Improvement Coordinator*

We are excited to introduce you to new staff members who recently joined our team—get to know a little about them below.



#### Ellie Akenson, Behavioral Health Registered Nurse

Ellie is originally from Alexandria, MN, and now lives on Lake Irene in Miltona, MN. She lives with her partner, JD, and their bernedoodle named Krewe. After many years living in Minneapolis, she is excited to be back closer to family and friends! She enjoys the peaceful lake life and spends her free time reading, writing, going for walks and runs, and being outside as much as possible. She also loves to travel—Nayarit, Mexico, is her favorite destination for its beautiful beaches and vibrant culture.



#### Becky Schlosser, LPN, Complex Care Specialist

Becky and her husband, Chad, live in the country on the Sauk River. She has four kids—two adult daughters, Natalie and Savannah, and two teenagers at home, Megan and Eli. She loves to read and works at Cherry Street Books in Alexandria, MN, in her spare time. Becky likes doing anything outside (until the bugs chase her inside!) and has an outdoor “adventure dog” named Sukie and an indoor corgi named Honey.



#### Debbie Tersteeg, LPN Community Health Specialist

Debbie lives in the country in Nelson, MN, with her husband, George. They have three children and five grandchildren. She enjoys camping, working in her yard, fishing/ice fishing, and spending time with her family.



#### Shea Pedersen, LPN Community Health Specialist

Shea grew up in Milroy, MN, and now lives in Tracy, MN, with her husband, Daren, and their three children, Ramsey, Pierce, and Asher. She enjoys being outdoors, riding ATVs, playing sand volleyball, reading, camping, and keeping up with her kids! 📖

### Smoking and Oral Health

*Amanda Englund, Dental Services Coordinator*

Smoking can seriously harm every part of the mouth and is a major risk factor for many dental problems. Smoking can lead to cancer of the mouth, tongue, throat, and jaw. It also reduces blood flow to the gums, making

them more susceptible to infections and gum disease. As the gums pull away from the teeth, pockets form where infection can start. Over time, smoking can cause the bone and tissue that support the teeth to break down, leading to loose teeth that may fall out or need to be pulled. In addition, smoking decreases the amount of saliva in the mouth, reducing the mouth's ability to wash away cavity-causing bacteria and increasing the risk of tooth decay. Flavored vape products that contain sugar can further contribute to tooth decay.

Please advise members who smoke that the best way to protect their oral health is to quit smoking. When it comes to daily care, encourage members to practice good oral hygiene by brushing at least twice a day, flossing at least once a day, and visiting a dental provider regularly. Encourage members to let their dental provider know about their smoking history.

PrimeWest Health offers a tobacco cessation program designed to help members quit or cut back on using commercial tobacco products. This program is offered at no cost to members and is conducted over the phone by a Certified Tobacco Treatment Specialist (CTTS) nurse. If you would like to refer a member, please contact our Care Management team at [caremanagement@primewest.org](mailto:caremanagement@primewest.org) or Andria Shelley, LPN Community Health Specialist, at [andria.shelley@primewest.org](mailto:andria.shelley@primewest.org).

**Source:** American Dental Association (ADA), "Smoking," Mouth Healthy, October 2025, [www.mouthhealthy.org/all-topics-a-z/smoking](https://www.mouthhealthy.org/all-topics-a-z/smoking). 

## Health Care Directives

*Natasha Jevnager, RN, Special Needs Plan Care Coordinator*

As a county 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
  - The signature must be 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 that describes the treatments or procedures that you want if you become seriously ill and are not able to make decisions about your health care. It also describes

any procedures that you do not want. The living will is only used if you are at the end of your life or unconscious and unlikely to wake up.

### **Durable power of attorney for health care**

A durable power of attorney for health care is also known as a medical power of attorney. It is a legal document in which you name a person you trust to make all decisions about your health care if you cannot.... Before a medical power of attorney can be used to guide medical decisions, your physician must confirm that you cannot make your own medical decisions.

### **POLST (Physician Orders for Life-Sustaining Treatment)**

A POLST is a medical order that outlines the type of medical care you would like in an emergency. It gives more detailed information about your wishes than a do not resuscitate (DNR) order.

A POLST must be filled out with the help of a health care professional who must then sign it. You can indicate in a POLST if you want:

- Full treatment. The health care team will use all effective treatments to try to keep you alive. This includes medical and surgical treatments, intensive care, and a breathing machine (ventilator) if needed.
- Select treatment. The health care team will attempt to restore function, but avoid intensive care and many resuscitation efforts. You might be sent to a hospital.
- Comfort-focused treatment. The health care team will make you feel as comfortable as possible and allow a natural death. You will only be sent to a hospital if they can't make you comfortable where you are.

On the POLST form, you can also tell the health care team if you want CPR and tube feedings to give you food.

### **Do not resuscitate (DNR) orders**

Resuscitation means health care staff will try to re-start your heart and breathing using methods called cardiopulmonary resuscitation (CPR) and defibrillators. In some cases, they may also use life-sustaining devices such as breathing machines

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

#### **In the hospital**

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. If you are in the hospital, you can ask your health care provider 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.

#### **Outside the hospital**

A non-hospital DNR must be signed by both you and your health care provider.... A 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 your life in every way they can.

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 Minnesota Aging Pathways at 1-800-333-2433 (toll free).

### Sources:

- American Cancer Society, "Types of Advance Directives," August 1, 2025, [www.cancer.org/treatment/finding-and-paying-for-treatment/understanding-financial-and-legal-matters/advance-directives/types-of-advance-health-care-directives.html](http://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," October 4, 2022, [www.health.state.mn.us/facilities/regulation/infobulletins/advdir.html](http://www.health.state.mn.us/facilities/regulation/infobulletins/advdir.html). 

## 2026 Providers & Partners Fall Conference: Save the Date!

*Natasha Jevnager, RN, Special Needs Plan Care Coordinator*

Each year, PrimeWest Health hosts a fall conference for our providers and partners. This conference is a unique opportunity to meet with PrimeWest Health staff and representatives from outside organizations, learn from expert speakers, and connect with others in your field.

### 2026 Conference Information

- Tuesday, October 20, 8 a.m. – 3:30 p.m.
- Broadway Ballroom, 115 30<sup>th</sup> Ave E, Alexandria, MN 56308
- Complete conference information is [available on our website](#). Continuing Education Unit (CEU) credits are pending; complimentary lunch and refreshments.

There is no cost for this conference, but [advance registration is required](#) on our website. 

## Important Dates

### County case management supervisor meetings

Meetings are held **quarterly** on the third Thursday of the month, from 10:30 a.m. to 1 p.m., at PrimeWest Health in Alexandria, unless otherwise noted. Lunch is provided for in-person attendees. Remote participation via Microsoft Teams is also available. Supervisors will receive an email containing the agenda along with a meeting link the week of the meeting. Upcoming meeting dates:

- October 15, 2026

## County case manager meetings

Meetings are held **monthly** on the fourth Thursday of the month, from 10:30 a.m. to 1 p.m., via Microsoft Teams. County case managers will receive an email containing the agenda along with a meeting link the week of the meeting. Upcoming meeting dates:

- August 27, 2026
- September 24, 2026
- October 22, 2026

## New county case manager training

Trainings are held in February, May, August, and November at PrimeWest Health in Alexandria, unless otherwise noted. A light breakfast and lunch are provided for attendees. The target audience for this training is new county case managers; however, all county case managers who have not yet been able to attend, would like a refresher, or who will be working with PrimeWest Health members in the future are strongly encouraged to attend. **As a reminder, effective January 1, 2027, PrimeWest Health will be the single plan in all 24 of our service area counties for the programs listed below.**

- Minnesota Senior Health Options (MSHO) (PrimeWest Senior Health Complete [HMO SNP])
- Minnesota Senior Care Plus (MSC+)
- Special Needs BasicCare (SNBC) – Medical Assistance only
- Integrated SNBC (Prime Health Complete [HMO SNP])

Please work with your supervisor if you need or want to attend a training; they are provided with training dates and times the month prior. For any additional questions, please reach out to us at [caremanagement@primewest.org](mailto:caremanagement@primewest.org).

## Contact Information

Care Management is here to support you! Have a question? Please email us at [caremanagement@primewest.org](mailto:caremanagement@primewest.org).



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