

Health Home Herald



Dual eligible COPES clients with out of pocket expenses for prescriptions

By Silke Kramer, HCA Health Home Program, Program Specialist

Clients who are in the Community Options Program Entry System (COPES) should not have a co-pay. COPES is a state program that provides comprehensive care management and helps pay for a variety of long-term services and supports.

Dual eligible clients (have Medicare and Medicaid) in COPES are exempted from



paying Part D prescription co-pays when they receive an award letter from their local office.

If the client is on COPES, and is asked to pay a co-pay at the pharmacy, the client or authorized representative should ask the pharmacy to fax the award letter to the clients Medicare Part D plan.

If the award letter is missing ask the local Community Service Office (CSO) to fax another letter. If Medicare Part D Plan is unknown, call Medicare at 1-800-633-4227

open 24 hours, seven days per week to find out the name and phone number of the Part D plan.



Above: 12/2019 All CC Meeting at North West Regional Council (NWRC)

Put SAFETY First

Safety in the community is the number one concern for Care Coordinators as they provide services in an increasingly complex, dynamic social environment and have a broadening client base. Here are some important tips when out in the community.



SAFETY TIPS: BEFORE A HOME VISIT

- ❖ While scheduling the visit, ask the client about their home environment:
 - Are there pets? Will they be confined or in a fenced yard?
 - Do other people live with the client? Will they attend the visit? What is their relationship?
- ❖ Ask about the neighborhood, get directions, and ask if there are any special instructions for access to the home or parking.
- ❖ Check out the location to identify any potential safety issues.
- ❖ Schedule appointments when travel may be easier (e.g., avoid rush hour or inclement road conditions when temperatures drop).

SAFETY TIPS: BEFORE LEAVING THE OFFICE

- ❖ Ensure your cell phone is fully charged.
- ❖ Make certain that your vehicle has plenty of gas to ensure you are not stranded in isolated areas.
- ❖ Avoid carrying a purse and valuables.
- ❖ Wear clothes and shoes that will enable you to move freely.
- ❖ Leave an itinerary, including the client's name, location and contact information, with a co-worker or supervisor.
- ❖ Consider partnering with a co-worker to report your departure from the visit once you are safely in your vehicle.



SAFETY TIPS: WHEN ARRIVING AT THE HOME

- ❖ Park your vehicle so another car cannot block it in a driveway, facing the direction you will leave. Consider parking the vehicle so it is out of sight of the home and in a well-lit area.
- ❖ Consider calling the client from your vehicle to let them know you have arrived.
- ❖ Be aware of safety concerns such as broken porch steps, unrestrained pets or yelling and other aggressive actions.
- ❖ Choose a location to sit that allows you easy access to an exit.
- ❖ Trust your intuition, remain calm, and do not hesitate to end the visit if you feel unsafe. **SAFETY FIRST!**

Focus on the Health Home Participation Authorization and Information Sharing Consent Form (HCA 22-852)



- ❖ The Health Home Participation Authorization and Information Sharing Consent Form
 - The client must sign the Participation Authorization area at the top of page one. This documents the client's agreement to participate in the Health Home program.
- ❖ The Health Home Participation Authorization and Information Sharing Consent Form
 - Sharing information helps improve care coordination
 - The Information Sharing Consent portion of the form on page one must be signed in order to release information to any party listed on the back of the form
 - If the client does not sign, then the Care Coordinator should not share client information
 - Electronic signature is not allowed
 - If records include information regarding Mental health and/or HIV/AIDS and STD information, the client must initial to include those records
 - The client will initial how long the consent will be valid
 - Best practice is to take it to face-to-face visits and appointments to amend as needed
 - Use the back of the form to add and delete providers. Initials must be added by the client or their legal representative for it to be valid
 - As new providers are identified, they can be added to page 2 of the existing form. Each entry must be dated and initialed under the "Beneficiary Gives Consent" column. Although the name of the provider and date may be entered by the CC, the initial must be added by the client or their legal representative for it to be valid
 - Clients may withdraw consent for any provider(s) at any time. To cancel, find the provider listed on page 2 and enter a date in the "Beneficiary Withdraws Consent" column and have the client initial the change
- Do not put "all providers" on page 2. Providers should be specified
- A CC or their representative may assist the client in filling out the form but the form MUST be signed by the client or their legal representative for it to be valid
- The CC should confirm that the client understands the form
- ❖ Both pages must be part of the client record
- ❖ Page 3 of the document provides important information about the information sharing and consent process
- ❖ For consent for the release of confidential alcohol or drug treatment information, use the Release of Information (ROI) for Substance Use Disorder (SUD) Services form
- ❖ Adolescents ages 13-17 must sign a consent form to release information related to mental health, reproductive health and/or chemical dependency. Use

the Health Home – Adolescent Information-Sharing Consent form HCA 22-855

- ❖ Forms are located online in the Care Coordinator Toolkit under Section C: Forms & Tools at: <https://www.dshs.wa.gov/altsa/stakeholders/washington-health-home-program-core-training>

2019 Contract Monitoring Results Are In

In 2019, HCA and DSHS staff had the opportunity to review Health Home files across the state to ensure program assurances are being met.

Review of the files revealed person-centered HAPs and goal planning. Opportunities for improvement include:

- ❖ Clearly document the work being done and the progress clients are making
- ❖ Offer the optional screenings (such as the falls risk) and related discussion to clients who may benefit from them
- ❖ Complete HAP updates during each four-month activity period
- ❖ Ensure action steps identify who is responsible to complete each step
- ❖ Discuss and document advance care planning

- ❖ The case files reflected how committed you are to this program and your clients and the incredible work being done every day by Care Coordinators and allied staff. Your documentation is critical to recording the program’s success.

Each year the work you do improves and this helps our clients.

Look for more reviews coming in the second half of 2020. Through your work and these reviews, we see how the Health Home program is changing lives. Thank you all!



Care Coordinator Corner



In early December our Action Health Partners Care Coordinator Darcee Anderson helped her client Fern reserve a vendor table at the Garden Terrace Apartment's (Low Income Independent Living facility in Wenatchee) annual Holiday Bazaar. Fern is not a resident at Garden Terrace, but Darcee knew that the event was open to vendors outside the Garden Terrace residential family so she worked diligently with her client to make this client goal happen. Fern had worked over the fall crafting holiday decorations to sell at the event. On the day of the event, Darcee found a friend of Action Health Partners, Brandi Larson, who was a willing volunteer to be Fern's transportation to/from the sale. Darcee, Brandi and Brandi's children supported Fern and helped her sell many of her beautiful items throughout the day. Over the course of the day many Action Health Partners came by and supported Fern and the other vendors. This picture perfectly captures not only the joy of the season, it captures the care, compassion and creativity of our team when working with our individual clients to achieve optimal health and well-being. These memorable moments are what keep me focused and determined to lead this incredible team!! Submitted by Deb Miller, Action Health Partners (AHP)

Submit your story, resource, or ideas to the Care Coordinator Corner via our newsletter inbox:

healthhomenewsletter@dshs.wa.gov



Back row from the left-Brandi Larson-AHP friend, Gladys French-AHP team, Vicki Seabrook-AHP team
Middle row from left-Darcee Anderson-AHP team, Deb Miller-AHP team,
Seated-Fern-AHP HH client

Webinar Trainings for the First Quarter of 2020

We are pleased to announce the following upcoming webinars for the first quarter of 2020:

JAN 9	SMART Goals
FEB 13	Equity, Diversity and Inclusion
MAR 12	Developmental Disabilities Administration (DDA) services

Please use this link to register:

<https://attendee.gotowebinar.com/register/6839520176969879555>

- ❖ Registration link is good for January through March
- ❖ There will be a new link for April through June
- ❖ When registering, please make sure your email address is correctly entered
- ❖ Invitations are also posted on DSHS website at <https://www.dshs.wa.gov/altsa/washington-health-home-program>

Spotlight on Resources



DSHS Health Home website

Were you aware of all the helpful information on the DSHS Health Home website?

<https://www.dshs.wa.gov/altsa/washington-health-home-program>

- ❖ Invitation to the monthly webinars with registration link
- ❖ The Care Coordinator Toolkit containing all forms, documents, and assessment tools needed plus links of online resources regarding chronic diseases and health promotion
- ❖ Health Home Care Coordinator core training materials
- ❖ Statewide training schedule for the two-day Basic Training for Health Home Care Coordinators
- ❖ Monthly webinar presentations
- ❖ Current and past issues of the Health Home Herald



Health Home Puzzles & Games

Care Coordination Word Search for the New Year 2020

Find each word in any direction –
up, down, left, right, forward, backward, or diagonally!

S S A R E L A T I O N S H I P
 T G C N O I S I V R E P U S C
 N N C E A P K U D O S R M E N
 E I O V L N R C P N L R O O C
 M N U I O E O E O P O A T R O
 S E N T T D B I M F O I O I U
 S E T A N A T R T A F R R G N
 E R A E U C T A A I N A T S T
 S C B R A D L N C T D A L A D
 S S I C A P I A E N I A G T O
 A O L R A E T T E M O O R E W
 S A I R R I Y L E G U T N T N
 H E T B O E A G N I H C A O C
 S Y Y N T C E G D E L W O N K
 N O I T A R O B A L L O C D I



ACCOUNTABILITY
 ACTION
 ASSESSMENTS
 AUDIT
 COACHING
 COLLABORATION
 CREATIVE
 DOCUMENTATION
 GOAL

GOALS
 KNOWLEDGE
 KUDOS
 NOTIFICATION
 PLATFORM
 PREMANAGE
 RELATIONSHIP
 SCREENINGS
 SUPERVISION

SUPPORT
 + CALENDAR
 CELEBRATION
 COUNTDOWN
 PARTY
 TRADITION
 YEAR

Beginning from top to bottom, left to right, use the unused letters to find the hidden message!