

# Health Home Herald



## Fee-for-Service Highlights 2022

*By Kerri Hummel, Health Home QA and Outreach Specialist, DSHS*

Every year there are two file review periods: TEAMonitor (Managed Care) in the spring and Fee-for-Service (Dual Eligible) review in the fall. We recently finished our Fee-for-Service review meetings with Pierce County Human Services, Full Life Care, Olympic AAA, SE WA Aging & Long Term Care, Area Agency on Aging & Disabilities of SW WA, Action Health Partners, and NW Regional Council. The file reviews turned out great, and we wanted to share information with all Care Coordinators.

First, we want to thank all of you for your hard work during this past year. It has been very challenging at times to do your jobs while in the middle of a Public Health Emergency. We appreciate the work you have done and continue to do. We wanted to recognize some of the great work you all have done to help support your clients, as seen in the Fee-for-Service file review. Below is a list of your accomplishments:

- ♦ Making several phone visits monthly, in-person visits, and Zoom calls
- ♦ Giving positive encouragement to your clients and families

- ♦ Offering a wide variety of resources from food bucks to legal advocacy
- ♦ Assisting clients with durable medical equipment, incontinence supplies, and assistive technology devices
- ♦ Completing additional screenings to help clients understand where they are at in their health journey
- ♦ Maintaining great documentation and follow-up
- ♦ Bilingual Care Coordinators worked with clients when English was their second language

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# Spotlight on Resources

## What Part C-DSNP looks like on the P1 Benefit Inquiry Screen



You will notice that when a client is enrolled with a DSNP plan the plan will appear on both the Managed Care (MC) Information screen and the Coordination of Benefits (COB) Information screen.

You may also notice that the start date on the two screens are frequently different. The COB Information screen gives the date when the coverage began for the client; whereas the start date on the

MC Information screen is the first of the month after ProviderOne became aware of the coverage.

How does this effect the Health Home (HH) Program?

Fee for service (FFS) clients are allowed to remain enrolled with a FFS HH Lead for two months starting with the DSNP start date on the MC Information screen.

This allows for a smooth transition between payers.

Join us for free monthly webinar trainings designed for Health Home Care Coordinators and allied staff. Webinars are typically held from 9:00 a.m. to 10:30 a.m. the second Thursday of each month.

For invitations including registration information please visit the DSHS Health Home website at

[Washington Health Home Program – Training Invitations | DSHS](#)

Check often for any updates to topics and registration links.

### Upcoming topics

<b>Jan</b> 2023	Care Coordination
12	

<b>Feb</b>	Heart Health
9	

<b>Mar</b>	Diabetes
9	

Submit your story, resource, or ideas to the Care Coordinator Corner via our newsletter in-box at [healthhomenewsletter@dshs.wa.gov](mailto:healthhomenewsletter@dshs.wa.gov)



## Participant Portrait

Katrine Colten, CC with Olympic Area Agency on Aging

I have been working with J just over one year. He lives with his significant other, who also has developmental disabilities. They live in their own home.

His initial goals were to be more involved in activities and find a part-time job. He has since participated in many special Olympics events and even took home a medal this year. To help him find a part time job, I was able to connect him with a local agency. J had to pause this goal when he and his spouse discovered they were expecting a baby, something they did not think was possible.

J's goals shifted to preparing for his new baby boy who was due during the summer. I assisted with finding resources for free diapers and explaining the WIC program, which his partner signed up for. I saw J the day before his spouse was to be induced and they were so excited! A few days

later I called to check in and he was devastated, the Department of Children, Youth, and Family Services had been called and the baby was removed before they even left the hospital.

J's goals shifted again, now he just wanted to get his son back. He attended parenting classes, went to all court dates, kept every supervised visit, and I became a sounding board for his frustrations which J found very helpful. At each visit we would discuss his progress and I would remind him to stay focused. I saw J a few days ago, his baby was returned to him and his spouse. He is so happy to have reached this goal. Moving forward his goal is to prove they can care for their son as DCYF will be involved for some time.



## Fee-for-Service Highlights 2022

(Continues from page 1)

- ◆ Celebrating a client's success whether it was weight loss or a sobriety date

With every positive, there comes a negative to balance things out. Based on what we read in the files, we understand there can be confusion regarding consents. For further information and assistance, we suggest utilizing the DSHS website at [Washington Health Home Program | DSHS](#) and review "On-going Training" on the lower right side of the page. The Health Home Participation Authorization and Information Sharing Consent Form Guidance Training was updated in March of 2022. If you need any additional support, we suggest you reach out to your CCO or Lead. They are happy to help.



## Health Home is a D-SNP covered benefit starting in 2023!

*By Brendy Visintaier, MSW, Training and Monitoring Specialist, DSHS*

Did you know that Health Home engaged clients enrolled in a D-SNP will continue to receive Health Home services? Washington recently moved forward with a plan to add a requirement for contracted Dual Eligible Special Needs Plans (D-SNP) to offer a Health Homes program to their enrollees, which is consistent with our state program. We are

pleased to announce that effective January 2023, individuals engaged in the Health Home program at the time of their D-SNP enrollment, may receive the Health Home program through their Medicare managed care plan.

This has multiple objectives including:

- Improving and enhancing D-SNP care coordination while improving health literacy and engagement by allowing individuals to maintain proven intensive care

coordination services through the Health Home program

- Maintaining the Health Home CCO network
- Allowing for continuity of care and services for our highest risk populations

In this, if a client was engaged in the Health Home program before they enroll in a D-SNP, they retain their Health Home program when they choose to enroll in a D-SNP.



## Health Home Building Resiliency Huddle Chat

During a Health Home Building Resiliency Huddle, we asked staff a couple questions. Please see responses they shared.

### **What are Holiday resources you share with your clients?**

- \* Each team in my agency would adopt a family, usually a client and their family
- \* The food bank gives out holiday dinners & the senior services deliver meals
- \* Yelm community services - they do wish lists for families and kids and can sometimes help with gas vouchers and other items
- \* Toys for Tots, Toy Rescue Mission, Salvation Army
- \* Reach out to local religious centers or cultural centers. Google the address and phone number for the client
- \* Local buy nothing groups on FaceBook are often willing to assist others on a smaller scale

- \* Care Net – they have supplies for families, babies, newborns, and children. They provide care bucks to spend on items in store. Even offer ultrasounds
- \* Metro Parks in Pierce County- lists events for the families

### **How do you encourage physical activity for clients within their home during winter? How do you stay physical during the winter months?**

- \* Zack Anner is a comedian and public speaker with Cerebral Palsy who has funny and inspiring exercising videos. There are lots of exercise videos for those with limited mobility on YouTube
- \* Check YouTube for ideas. Exercising with Physical Therapy bands and walking around the house
- \* Lifting soup cans
- \* Get outside and take a walk when not raining. If using rain boots kick away leaves
- \* Take advantage of the

nice days we have during fall and winter

- \* Walks in-doors. Our mall has a walking group & various community centers are open
- \* Find friends and neighbors to meet with so you have the community for walks. Lots of folks don't like to exercise alone
- \* Mini work out stations around the house, when you're brushing your teeth do squats, when you're headed to the fridge do leg lifts or walk rapidly in place
- \* Take the stairs, walk the longer route. Getting the motion in no matter what
- \* Use the stretchy exercise bands for resistance training, Range of motion
- \* Pushups against the wall
- \* When watching sports do pushups or sit ups for every time they score. I had to do that this weekend with my son
- \* Playing with the kids is a workout
- \* Stationary peddle bike, and elliptical

## Motivational Interviewing – Skill Building Sessions!

Join us for free Motivational Interviewing: A Clinical Approach to Behavioral Change training by Andrea Ray, MS, LMHC, Anthony Foster and Megin Most

**Overview:** This training will define motivational interviewing, describe the spirit, stages of change and basic skills. You will see Motivation Interviewing used in several scenarios. There are two sessions scheduled for this overview. Both sessions are the same training. You only need to attend one and do not need to register – Join the link at the scheduled time you

would like to attend.

[Afternoon option: January 17, 2023 @ 2-3pm](#)

Link to join Zoom <https://dshs-telehealth.zoom.us/j/85294743854?pwd=UGpOazYreVZtOHAYS0Nld3RlRFdNdz09>

[Morning option: January 18 @ 9-10am](#)

Link to join Zoom <https://dshs-telehealth.zoom.us/j/84857073380?pwd=b2VFSWIRVmpVdVhYNjh3MFZUTVVLQT09>

**Skill Building:** Building on the information from the Motivational Interviewing Overview, these skill build-

ing sessions will discuss various concepts of MI and attendees will be able to participate in practicing MI. Skill building sessions are presented by Andrea Ray, Anthony Foster, Megin Most, and Brendy Visintainer

[Skill Building #1 Change Talk – Thursday, February 2 @ 1pm](#)

No need to register, just click on the link to join Zoom at the scheduled time. <https://dshs-telehealth.zoom.us/j/85734172786?pwd=TVloUUZDY1pKbnRQSEp4bW9YTGt5UT09>

## AL TSA Client Information and Resources Page

The Client Information and Resources webpage provides assistance, contact information and other resources for clients of the Aging and Long-Term Support Administration (AL TSA), Home and Community Services. These pages are designed to help clients more effectively navigate their services and find the help they need. The page was developed and is

continually updated with the input of the Service Experience Team, a client advocacy group. Please share the link with your clients that may benefit from this resource: [Client Information and Resources | DSHS \(wa.gov\)](#)

Current resource topics include:

- \* Client information on Individual Providers

- \* Legislative Advocacy
- \* Laws and Regulations
- \* How to find local services
- \* Client Rights
- \* Consumer Directed Employer for Clients
- \* Assistive Technology

For more information, please email the Service Experience Team Program Manager, Nicole Dronen [nicole.dronen@dshs.wa.gov](mailto:nicole.dronen@dshs.wa.gov)

## Care Coordinator Corner

*Submitted by  
Chiho David Ha with  
Korean Women's  
Association*

I met my client in January 2022 at the Adult Family Home in Bothell. My client had a stroke three years ago and suffered from brain damage, left-side paralysis, verbal and memory loss, psychotic illness, and bipolar. The first time we met, he appeared to be emotionally unstable and would repeat his words, spoke about his frustration regarding his situation, and could only remember limited events. He was also very upset about his former employer. All these life changes made him furious and negative.

I was able to provide multiple monthly contact with my client and these were some of the services I was able to offer him:

- ◆ **Listening:** While sitting and listening to what my client had to say, he was able to calm his emotions and speak more clearly.

- ◆ **Emotional Support:** By keeping the conversations in a positive tone and encouraging my client to “not give up”, my client was able to talk about his past occupation as a Public Officer with pride. He was also able to talk about his family and how proud of them he was.
- ◆ **Family Support:** I was able to visit with my client's wife and family and take them a care package from KWA. When I spoke with his wife, she was able to express her feelings on how difficult it had been since her husband became disabled and how challenging it is to care for their two minor children. One child also has severe Autism.
- ◆ **Spiritual Support:** My client's faith is very important to him, and we were able to have conversations about religion, prayer, and share religious songs on YouTube that

helped calm him down.

- ◆ **Care Coordination:** With encouragement, my client was able to start regular physical therapy sessions.
- ◆ **Achievement & Success:** My client has improved emotionally and physically. With the help of physical therapy and his resilience, my client can now move his left foot and use his arm to take his shirt on and off.

I found that positive thinking makes positive results. What I have learned about my client is that he has a strong will to stand and walk again and wants to return to his home with his family.



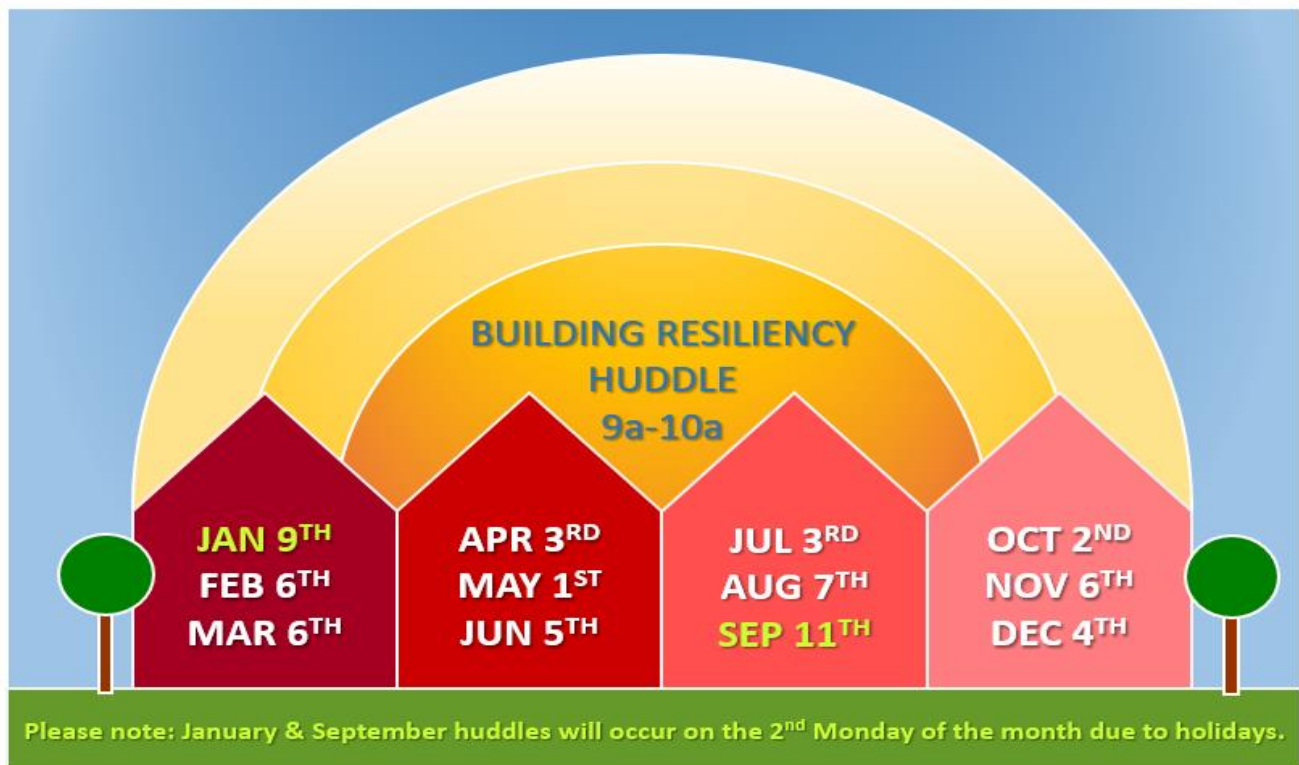


# 2023 Building Resiliency Huddle

Join us for the Health Home Building Resiliency Huddle.

Meet with us every month to build on the tools shared in the Building Resiliency webinar and to share the different ways we alleviate stress in our own lives. These huddles will be a conversation with Care Coordinators and other Health Home staff.

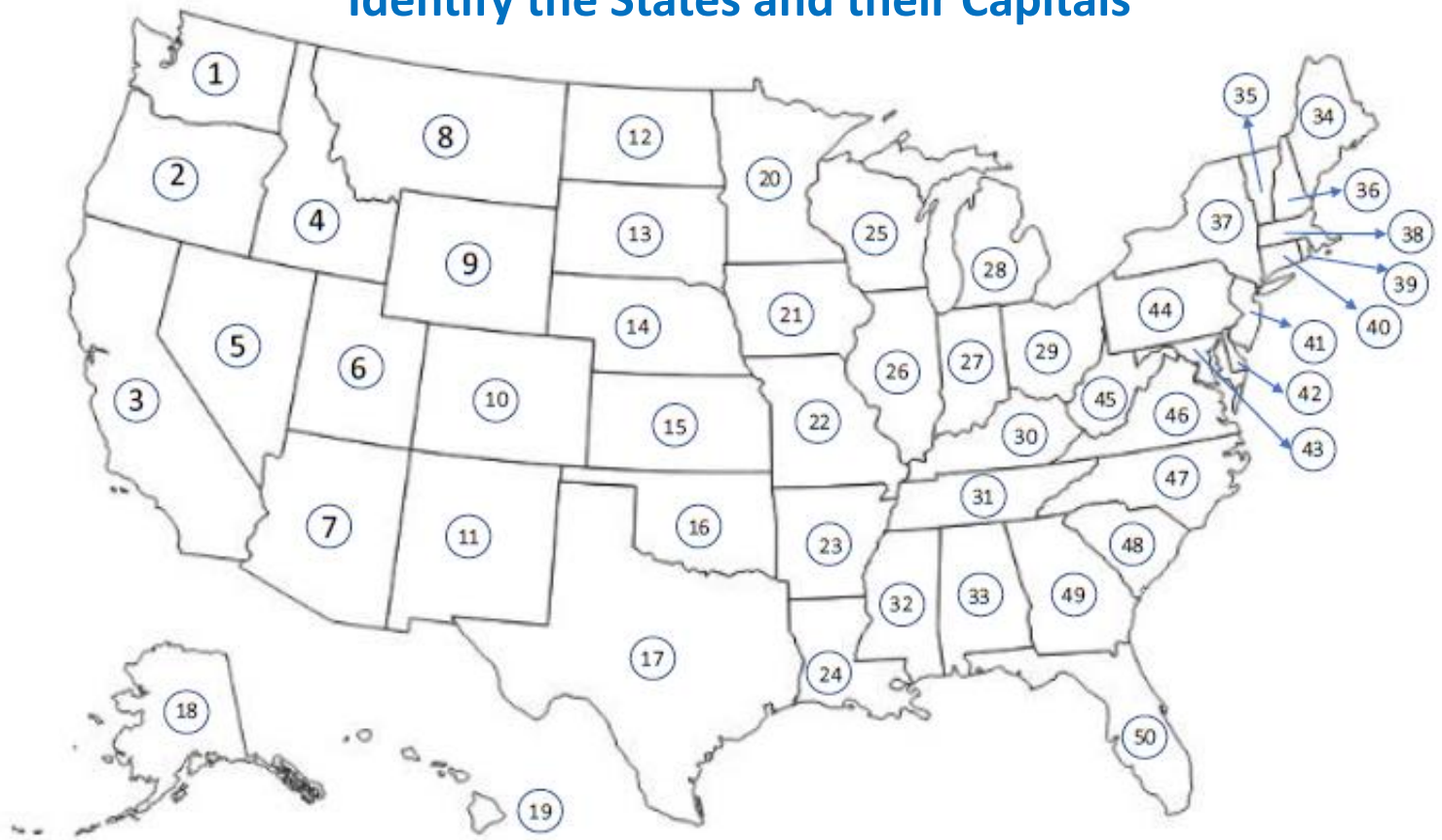
Please add the huddles to your calendars and use the link below to join us.



**MEETING LINK:** [https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_MTKwYmQ3MjUtNTRmYS00ZDEwLTlmZjYtMDkwODIyMTYyODBi%40thread.v2/0?context=%7b%22Tid%22%3a%2211d0e217-264e-400a-8ba0-57dcc127d72d%22%2c%22Oid%22%3a%22ab95d39b-018f-483d-93b5-f6eaa05e9001%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_MTKwYmQ3MjUtNTRmYS00ZDEwLTlmZjYtMDkwODIyMTYyODBi%40thread.v2/0?context=%7b%22Tid%22%3a%2211d0e217-264e-400a-8ba0-57dcc127d72d%22%2c%22Oid%22%3a%22ab95d39b-018f-483d-93b5-f6eaa05e9001%22%7d)



## Identify the States and their Capitals



Super and Brilliant people may get them all,  
but even if you don't get them all, you are still Super and Brilliant to us.

#	State	Capital	#	State	Capital	#	State	Capital
1			18			35		
2			19			36		
3			20			37		
4			21			38		
5			22			39		
6			23			40		
7			24			41		
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11			28			45		
12			29			46		
13			30			47		
14			31			48		
15			32			49		
16			33			50		
17			34					

*Answers can be found at* [Washington Health Home Program - Quarterly Newsletters | DSHS](#)