

# Health Home Herald



Team Amerigroup  
Annette, Lenora, Ali, Jordyn, Tami (back), Cassidy, Danielle (back), Sarah, Tina (back), and Janice.  
Missing from photo: Mary.

## “WE HAVE TO TALK...” HOW TO HAVE A DIFFICULT CONVERSATION

By *Brendy Visintainer*

We’ve all heard that conflict is normal. So wouldn’t that mean having difficult conversations is normal too?

Let’s face it...having a difficult conversation with someone can be...difficult. The following has helped me when having a difficult conversation.

Motivational Interviewing (MI) provides a great framework in how we can handle difficult conversations. Motivational Interviewing talks about the Spirit of MI which includes collaborating instead of confronting, evoking as opposed to imposing our ideas, and autonomy versus authority. I try to apply the Spirit of MI in my

conversations and work to collaborate with the other person, help them draw out their own ideas, and understand they are the expert in their own life and any change ultimately rests with them.

Even before the conversation, I prepare myself and check my attitude and emotions. If I am going to be too emotional, why is that? What do I need to do to calm myself? I also try to consider my biases on the topic. Am I more emotional on a certain subject due to my beliefs and experiences? How will that impact my conversation? Am I making assumptions about the other person? I ask myself what are my motives and outcomes? Then I also ask myself how I want the other person to feel. My answer is...I want them to feel safe...to feel respected...to feel heard and understood...and to feel hopeful.

I prepare myself at the beginning of the conversation: I try to clear

my mind of other things so I can truly be in the moment with the other person and give them my full attention they, and the issue, deserve. Difficult conversations should not be rushed so I also need to practice patience.

Asking permission to talk to the other person is a great way to start a conversation and sets a respectful tone. I may start the conversation with “I have something I would like to discuss with you and I would like to know your thoughts on it. Is it okay if we talk about...” The other person may not be ready for the conversation so again, I don’t want to rush it and may need to be prepared to revisit the conversation later.

It is important to state the issue as clearly as possible. Without the issue being stated, the conversation may be confusing or get off track pretty easily. Or the

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other person may become too defensive. Stating the issue in a brief manner and being prepared with an example or two will help show the point. However, I don't want to go overboard with examples as that may come across as an attack.

I want to learn as much as possible from their perspective. What do they value? What are their priorities? What are their motives...their "why"? I ask their views on the issues by using open-ended questions and acknowledging their view.

Providing affirmations, reflecting, and acknowledging I hear and understand them does not mean I agree with them.

The goal during the conversation should be to explore options so a resolution can be planned. Doing this will help with ending the conversation in a productive manner and with action items for the other person.

Lastly, I thank them for having this difficult conversation with me. Just as it was difficult for me, it was not easy for them to do either.

## HEARING AID COVERAGE

Health Care Authority (HCA) covers non-refurbished, monaural hearing aids including the ear mold every five years. The client must have an average decibel loss of 45 or greater in the better ear based on pure-tone audiometric evaluation by a licensed

audiologist or a licensed hearing aid specialist at 1000, 2000, 3000, and 4000 Hertz with effective masking. The hearing aid must meet the client's specific hearing needs and carry a manufacturer's warranty for a minimum of one year.

HCA covers binaural hearing aid for clients over 21 years of age with prior authorization only. The provider will need to follow the prior authorization requirements in the hearing aid billing guide.

## Spotlight on Resources



### REFERRAL QUESTIONS

1. Medicaid (Apple Health) does not require a primary care physician (PCP) referral but the specialist office may. Please check with the provider's office when you call.
2. HCA requires the provider's office to be a contracted Medicaid (Apple Health) provider.

You can find a contracted Medicaid provider here: <https://fortress.wa.gov/hca/p1fndaprovider/>.

Please note these names are some of our contracted providers. You

will also need to ask them if they accept new WA Apple Health / Medicaid clients. HCA is not an insurance company and are not able to refer you to providers.

If the provider is not aware of these changes, please refer them to HCA's customer service department at 800.562.3022.

### ADDITIONAL RESOURCES

Washington State Lions Club  
<http://lions63090.org/>

WA Women In Need (WWIN)  
<https://www.wwin.org/>

## Webinar Trainings for the Second Quarter of 2019

We are pleased to announce the following upcoming webinars:

**APR 11** Tribal Relations & Protocol

**MAY 9** Social Security Disability (SSDI) & Supplemental Security Income (SSI)

**JUN 13** Health Promotion

Please use this link to register:

<https://attendee.gotowebinar.com/register/6481392738148153602>

Also, visit our website:

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

## HEALTH HOME PROGRAM WELCOMES NEW LEADS

A BIG welcome to our new Health Home Leads!

- ❖ **Area Agency on Aging and Disability in Southwest Washington** in Area 5
- ❖ **Pierce County Human Services** in Area 4
- ❖ **Olympic Area Agency on Aging** in Area 1

All new Leads have been CCOs since the program's inception and recently moved into the Lead role.

### CARE COORDINATOR

**CORNER** is a space created just for you. It provides a place for Care Coordinators and allied staff to share their experiences, tips for working with clients, and creative health action planning ideas.

Do you have a unique resource, such as a program that provides free childcare so parents can attend a local support group? This is your space, so please share your stories with us. To share your story, resource, or idea, email them to us at: [healthhomenewsletter@dshs.wa.gov](mailto:healthhomenewsletter@dshs.wa.gov).

Please include your telephone number so we can contact you if your submission is selected for publication. Confidential information such as client names or other identifying information will not be published.

## Care Coordinator Corner

*Submitted by Diane Campos, Care Coordination Supervisor, on behalf of Care Coordinator Rebecca Shaw, Care Coordinator at Yakima Neighborhood Health Services*

John (not his real name) is a gentle, quiet man in his sixties. He loves his dogs like they are family and tries to help whomever he can, whenever he can. John signed up for the Health Home program in 2015. Prior to that he had been a longtime patient at our clinic. Since he started with the Health Home program John has completed treatment for Hep C, is on a routine schedule of picking up and taking his medications as prescribed, is seeing a Behavioral Health counselor on a routine basis, and has been housed by our Respite Housing Program when he was too sick to be out on the streets.

John has been chronically homeless for over 40 years. He has multiple diagnoses such as Depression, COPD, Chronic Pain, Hep C, and Diverticulitis. During his time homeless John has stayed at many shelters and camps. He had recently been living in a motor home with no running water or heat.

I met John for the first time in December 2018. Not long after meeting John he told me he was ready to find affordable housing and get off the streets for good. John and I applied to six different affordable housing apartment complexes. About six weeks later, after many meetings and follow up phone calls to check on the status of his applications, I got the call John had passed the background check and had an interview scheduled for an apartment. Per John's request I went with him to the interview for moral support. In February I got the call John had passed the interview! He moved into his newly remodeled studio apartment two days later. All our Care Coordinators rejoiced when John found housing.

Currently John is struggling with the transition from being homeless to having his own apartment for the first time in 40 years. John seems like he is in shock since moving in. He often feels he did not make the right decision moving into his own apartment. I am in frequent contact with him, giving him encouragement and hope for his future. I remind him to take it one day at a time and not be too hard on himself.

John's story highlights for me the realization it is not just about finding someone housing who has been homeless; it is also about knowing how to walk with someone as they move through the transitions in their lives. John's reaction to getting his own place was not what I expected but he is trying to get used to living his life in a brand-new way. Thanks to the Health Home program there is one less homeless person on the street today.

## May is Hepatitis Awareness Month

*From Department of Health & CDC*

Do you know what viral hepatitis is? How it spreads? Are you at risk? May is Hepatitis Awareness Month and we're shedding light on this epidemic and reasons why it is important to get tested.

### How common is Hepatitis C in Washington?

About 3.5 million people in the United States have chronic Hepatitis C (HCV). In Washington State between 58,000 and 75,000 are living with HCV, and about 2,200 new cases of HCV occur within our state each year. Nationwide, people born between 1945 and 1965 are more likely than other adults to be impacted by HCV. This group, commonly referred to as the baby boomer population, make up one-quarter of our state's population and nearly three-quarters of our state's chronic HCV cases.

### Who should get tested?

If you answer "yes" to any of these questions, you should get tested for HCV:

- Were you born between 1945 and 1965?
- Have you used injection drugs ever, even if it was just one time many years ago?
- Were you treated for blood clotting problems before 1987?
- Did you receive a blood transfusion or organ transplant before July 1992? (The national blood supply was not tested for HCV prior to 1992.)
- Have you ever been on long-term hemodialysis treatment?
- Have you ever been told you had abnormal liver tests or liver disease?
- Do you work in health care or public safety and were exposed to blood through a needle stick or other sharp object injury?
- Do you currently have HIV?

For more information talk to your Provider regarding hepatitis testing and treatment.

## HEPATITIS C:

### Why people born 1945-1965 should get tested

**5X**  
MORE  
LIKELY

#### People born from 1945-1965 are 5x more likely to have Hepatitis C.

While anyone can get Hepatitis C, people born during these years are five times more likely to have Hepatitis C than other adults. That's why the CDC recommends everyone born from 1945-1965 get tested for Hepatitis C.

**75%**

#### 75% of people with Hepatitis C were born from 1945-1965.

An estimated 2.4 million people are living with Hepatitis C in the United States.



#### Hepatitis C can cause liver damage and liver failure.

Over time, chronic Hepatitis C can cause serious health problems including liver damage, cirrhosis, liver cancer, and even death. In fact, Hepatitis C is a leading cause of liver cancer & the #1 cause of liver transplants.

**Rx**

#### Many people can get lifesaving care and treatment.

Knowing you have Hepatitis C can help you make important decisions about your health. Successful treatments can eliminate the virus from the body and prevent liver damage and prevent liver damage, cirrhosis, and even liver cancer.

## SET: SERVICE EXPERIENCE TEAM

The Service Experience Team (SET) is a statewide, consumer-driven, advocacy committee created by Home and Community Services (HCS) with the goal of increasing the ability to give input and better understand the impact of policies and services on the individuals who receive them. SET membership includes individuals across the state who receive HCS/Area Agency on Aging authorized long-term services and supports through Medicaid.

Responsibilities of the SET include:

- Providing feedback and input to new and ongoing HCS programs and services
- Identifying opportunities to improve the quality of services, client experience and addressing gaps in care
- Promoting community involvement in support of the HCS mission and vision.

The SET holds meetings in January, May, and September, in locations across the state. Clients also have the opportunity to participate from home through webinars and conference calls.

The SET is recruiting consumers receiving long-term services and supports to participate in this important team. We are asking for your assistance with nominating clients based on your integral role as Care Coordinators through your knowledge of the clients you serve.

If you work with a client receiving HCS/AAA services and believe they would be interested in joining the SET, please talk with them, complete the nomination form if they are interested, and submit it to the Health Home Herald mailbox: [HealthHomeNewsletter@dshs.wa.gov](mailto:HealthHomeNewsletter@dshs.wa.gov).

Nomination forms and copies of the charter are available upon request.

## PARTICIPANT CORNER

*Ali LaFontaine, a Care Coordinator with Amerigroup submitted the following success story.*

Sarah is an adolescent child who experienced seizures over the past six months and had recently been prescribed seizure medication. Since taking the medication, her mom was concerned about Sarah's behavior, saying she acts "bipolar." The mother explained Sarah used to be a quiet child but now she moves from happy to tears in a matter of minutes. Her mom didn't know where to turn for help.

We scheduled a follow-up appointment with the Neurology Department and they took her off seizure medications. The physician believed these events are more likely due to constipation and stomach issues and placed a referral to a gastrointestinal specialist to address possible constipation. Due to her inability to express her pain, Sarah's symptoms were believed to be seizures.

Since discontinuing the medication, Sarah is doing much better. Her brother said she is "back to her old self." Her

mom states Sarah seems to continue to experience pain and discomfort. Follow-up appointments have been scheduled. Sarah is also working with a dietician and taking laxatives. Her mother has become more comfortable advocating for her daughter and speaking with her daughter about her concerns.

Highlights from the past few months:

- 1) Sarah's mom is learning to advocate for herself and her daughter and is more comfortable with who to call when she has concerns about her daughter's health.
- 2) Discontinued unnecessary and inappropriate medications with untoward side effects.
- 3) Mom has learned how to reorder food supplements.

Thank you Ali for all the work you have done with this family!

# Now ARE OUR FAVORITE SUPERHERO

April 28<sup>th</sup> is National SUPERHERO Day.

Can you match the superhero to their correct alter ego?

ABE SAPIEN

BATGIRL

BATMAN

BLACK LIGHTNING

BLACK PANTHER

CAPTAIN AMERICA

ELONGATED MAN

FLASH

GREEN ARROW

IRON MAN

PROFESSOR X

SPIDERMAN

STORM

SUPERGIRL

SUPERMAN

SWAMP THING

THE INCREDIBLE HULK

WONDER WOMAN

ALEC HOLLAND

BARBARA GORDON

BARRY ALLEN

BRUCE BANNER

BRUCE WAYNE

CHARLES FRANCIS XAVIER

CLARK KENT

DIANA PRINCE

JEFFERSON PIERCE

KARA DENVERS

LANGDON EVERETT CAUL

OLIVER QUEEN

ORONO MUNROE

PETER PARKER

RALPH DIBNY

STEVE ROGERS

T'CHALLA

TONY STARK

Answers found on the DSHS website.

Visit us online:

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

Email us: [healthhomenewsletter@dshs.wa.gov](mailto:healthhomenewsletter@dshs.wa.gov)