

# Health Home Herald



## January is National Blood Donor Month

Did you know that every two seconds in America, someone needs blood?

Be a part of the campaign to spread awareness of the need for blood. Donating blood can save lives.

Blood transfusions in the US and throughout the world continue to save lives every day. From people who are undergoing cancer treatment to those who have blood diseases like Sickle Cell, the need for blood donations is high. The good

news is that most healthy adults are eligible to donate and it's free to give.

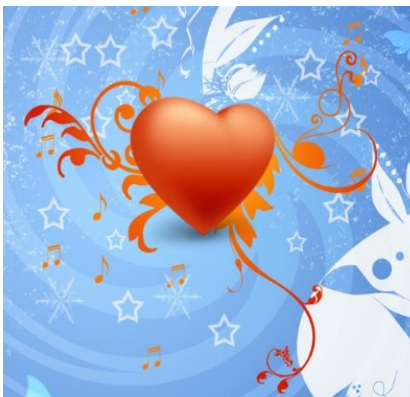
People in the US have observed National Blood Donor Month since January 1970, as winter is one of the most difficult seasons to collect blood. This is because of busy holiday schedules and bad weather which can often contribute to canceled blood drives. Another cause is seasonal illnesses such as the flu which can force potential donors to miss their blood donations. While National Blood Donor Month is an event that originated in the US, there is also the opportunity to observe World Blood Donor Day, which takes place every June 14.

People who are healthy and meet the qualifications for

donating blood should consider doing so as often as they can. And National Blood Donor Month is a great way to start out the year with a new and generous routine. One blood donation can save up to three lives. Plus, donating blood is not only helpful for the recipients, but what many people don't realize is there are also benefits for the person donating. Studies have shown that people who donate blood are likely to have help with lowering their blood pressure as well as a lower risk of heart attacks.

Potential donors who are unsure if they are eligible to donate blood can call or check the website of their local blood bank.

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# Preparing and Responding to Winter Weather Issues

*From the National Center on Law & Elder Rights (NCLER)*

As many regions of the country are starting to experience winter weather, legal, aging and disability services providers can serve as a critical resource for older adults and other at-risk populations to address issues that may come up as a result of severe weather, such as loss of utility service, home damage, and insurance claims.

These resources can assist advocates in the development and promotion of services to help impacted individuals:

[Legal Aid Disaster Resource Center](#): This resource center has legal resources and critical information for legal aid professionals, pro bono volunteers, and the disaster survivors they assist.

[Practicing Law Institute: New Developments in Climate Disaster Response & Resilience](#): Pro Bono Net, Lone Star Legal Aid, and

Equal Justice Works provide a comprehensive overview of the legal landscape after a disaster. The training is available at no cost (it just requires creating an account to access the program).

## [Ready—Winter Weather](#):

Ready provides information on preparing for and responding to winter weather and provides a [social media toolkit](#) for communications.

## [NCLER: Programs to Keep Older Adults Connected to Energy and Utility Services](#):

This training provides steps and information that can help households keep the utilities on, including in situations where there is a disconnection risk during a period of extreme temperatures.

## [NCLER: Addressing Housing Issues Facing Older Adults Following a Natural Disaster](#):

This training discusses common housing issues faced by homeowners and

renters following a natural disaster, and tips for how advocates working with older adults can assist them pre-disaster.

## [NCLER: Preserving Homeownership: Tangled Title & Associated Probate Issues](#):

Tangled title or deed issues can be a barrier to accessing loans or grants for home repairs and for utility or property tax assistance programs, which may be needed after a weather incident. This training shares what advocates can do to help clients untangle and clear up title to a property.

[National Consumer Law Center \(NCLC\)—Disaster Relief & Consumer Protection](#): NCLC provides resources for consumers and advocates on mitigating the impact of disasters, covering topics like housing relief, avoiding home repair fraud, and utility issues.

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## Participant Portrait

Lead and CCO - PCHS Care Coordinator - Linda Russell (Retired)

Client testimony written by a client in their 50s, living with COPD, A-fib, and Obesity who has since moved out of the area to be closer to family:

Linda really had to work hard to talk me into this program. I swear she called me half a dozen times, but it was her handwritten note just asking to “talk to me real quick” that did the trick. I didn’t understand what she was going to do for me, and I thought I was doing okay and didn’t realize how sick I really was. For the first couple months, maybe even 6 months, she just asked me a lot of questions about my childhood and my family and how I handle things in life. I didn’t really see the value in any of our conversations for a couple months. At the end of all our talks, she would leave me with these interesting questions to think about my life.

I started to realize that maybe the way I was taught to do things as a kid weren’t really working out for me...It was really hard and I wasn’t always nice to Linda because she was asking me to face this hard stuff and was asking me to do things that I didn’t think I could do, but she kept telling me that I didn’t have to stay stuck where I was, that I had control and I was smart, and that I could do more than I thought I could.

I wanted to live near my grandkids, but I had to work through a lot of stuff with her to get myself ready in my head. I figured out I was just scared to move out of where I was born and raised and I was embarrassed for them to see me, but Linda helped me see that all that worry was just making me miss out on my grandkids’ lives. I was never going to get that time back, and that was more important to me than my old house...that took about a year to finally work through.

Even though I can’t work with Linda cause I moved out of the area, I am still trying to do the things we worked on like writing down my goals and the steps and taping them on my bathroom mirror so I have to face them and myself in the mirror every day...I am trying to get a dog now, but I know my health has to be better and I have to be able to walk the dog, so I am working on that now.

### Preparing and Responding to Winter Weather Issues

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**Disaster Assistance:** This resource provides disaster survivors with information, support, services, and a means to access and apply for disaster assistance through joint data-sharing efforts between federal, tribal, state, local, and private sector partners. Click link [Home | disasterassistance.gov](https://www.disasterassistance.gov)

### Sources:

[NCLER | Home \(acl.gov\)](https://www.acl.gov)

# Fee For Service Highlights 2023

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

Each 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 you. First, we want to thank all of you for your hard work during this past year and we understand how it has been challenging with the end of the Public Health Emergency and returning to a new “normal”. 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 sup-

port your clients, as seen in the file review. Below is a list of some of your accomplishments:

- Giving positive encouragement to your clients and families.
- Reporting high PHQ-9 scores to the PCP and ensuring the client had the crisis phone number.
- Offering a wide variety of resources from housing, local food banks, energy assistance, and gas vouchers.
- Working with your client’s case manager on durable medical equipment or incontinent supply needs for your shared client.
- Completing additional screenings to help clients understand where they are at in their health journey.
- Bilingual Care Coordinators worked with clients when English was their second language.

- Celebrating a client’s success whether it be how many steps they did that day or sharing recipes related to their health conditions.
- Making several phone calls and in person visits each month.
- Maintaining great documentation and follow-up

Based on what we read in the files, there still seems to be confusion regarding consents and HAP timeframes. For further information and assistance, we suggest utilizing the DSHS website at Washington Health Home Program | DSHS and review [“Ongoing Training”](#). If you need any additional support, we suggest you reach out to your CCO or Lead. They are happy to help.





## Announcement: Changes Coming to Health Home Basic Training!

Effective January 1, 2024, the Health Home Basic Training changed. The training will no longer be two full days of in-person training. Instead, there will be a series of self-paced learning modules that will be completed prior to registering for a one-day, in-person, instructor-led training. This is an exciting change to the way Health Home training will be presented.

Find the modules and other necessary basic training information on the DSHS Health Home website:

[Core Training](#)

### Learning modules include

1. Fundamentals of Health Home
2. Six Health Home Services
3. Tiers and Billing
4. PRISM
5. Outreach
6. Health Action Plan
7. Motivational Interviewing & SMART Goals
8. Initial Engagement
9. Comprehensive Care Transitions
10. Documentation and Quality Assurance
11. Care Coordination
12. Forms and Documents

## January is National Blood Donor Month

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The rules change based on the donation type, but here are some of the basic requirements that the Red Cross lists for giving whole blood:

Some of the basic requirements that the Red Cross lists for giving whole blood:

- ◆ Weigh at least 110 pounds.
- ◆ Be at least 16 years old (in most states)

- ◆ In good health and feeling well
- ◆ Have waited at least 56 days since giving blood previously.

Organizations such as the [American Red Cross](#) and [America's Blood Centers](#) come together to celebrate National Blood Donor Month, encouraging people to donate.

Click [here](#) to locate a local blood center near you.

### **Sources:**

[National Blood Donor Month \(January 2024\) | Days Of](#)



## Winter and Cold Weather driving tips

by Kerri Hummel, HH QA Specialist, DSHS with help from AAA.

Winter and cold weather are here which makes driving a little more challenging. When I was a HHCC, I remember going out in the snow to do a home visit and ended up getting stuck outside my client's home. Luckily it was my last home visit for the day, and I was prepared. I had gloves, a small shovel, and snow chains in the back of my car. I was not going to get stuck out in the field with snowflakes coming down. Here are some great tips from AAA with winter and cold driving:

### Cold Weather Driving Tips:

- Keep a cold-weather kit in your car, such as extra food/snacks and water, warm clothing, a flashlight, a glass scraper, blankets, and more.
- Make certain your tires are properly inflated and have plenty of tread.
- Keep at least half a tank of gas in your vehicle at all times.
- Never warm up a vehicle in an enclosed area, such as a garage.
- Do not use cruise control

when driving on any slippery roads.

### Tips for Driving in the Snow:

- **Stay home.** This is a tough decision to make for all of us. When the roads are bad, only go out if necessary. Even if you are a great driver in bad weather, it's better to avoid taking unnecessary risks by venturing out.
- **Drive slowly.** Slow down for lower traction when driving on snow or ice.
- **Accelerate and decelerate slowly.** Apply the gas slowly to regain traction and avoid skids. Don't try to get moving in a hurry and take time to slow down for a stoplight. Remember: It takes longer to slow down on icy roads.
- **Increase your following distance** to five to six seconds. This increased margin of safety will provide the longer distance needed if you have to stop.
- **Know your brakes.** Whether you have anti-lock brakes or not, keep the heel of your foot on the floor and use the ball

of your foot to apply firm, steady pressure on the brake pedal.

- **Don't stop if you can avoid it.** There's a big difference in the amount of inertia it takes to start moving from a full stop versus how much it takes to get moving while still rolling. If you can slow down enough to keep rolling until a traffic light changes, do it.
- **Don't power up hills.** Applying extra gas on snow-covered roads will just make your wheels spin. Try to get a little inertia going before you reach the hill and let that inertia carry you to the top. As you reach the crest of the hill, reduce your speed and proceed downhill slowly.

**Don't stop going up a hill.** There's nothing worse than trying to get moving up a hill on an icy road. Get some inertia going on a flat roadway before you take on the hill.

If you are preparing to go out in the field and there are safety concerns regarding the road, please connect with your supervisor.



# Care Coordinator Corner

Lead – AMG  
 CCO – ICHS  
 CC – Thomas R. Maxson

Client is a 63-year-old male living with Diabetes and Diabetic Neuropathy. The client has three main issues that they have been trying to overcome; lack of healthy food for his Diabetes, no-showing to appointments, and not being able to take care of his feet with Diabetes. The Care Coordinator realized that along with connecting to resources it would be helpful to try to connect to this client more than once per month. The Care Coordinator began checking in with the client

every two weeks to see how they were doing. They went over what his barriers were to attending appointments since he would always be ready and waiting for our phone appointments but miss his in-person visits. From talking to him, he told the Care Coordinator he used to use Medicaid transportation service but stopped because they kept not picking him up. The Care Coordinator called the transportation service and discovered they had the wrong phone number on file which caused them to be unable to pick him up. The Care Coordinator was able to get this resolved for

him and he is now consistent with attending appointments. The client also talked about his diet and A1C. He reported he had a tough time affording groceries and getting to food banks because of his mobility so the Care Coordinator found a food bank that would deliver to his apartment, which he reports, has been helpful. The client has had continuing foot pain from his Neuropathy, which became worse with him trying to do his own foot care. The client was unable to see a Podiatrist at his primary care clinic for a few months, but mentioned he used to get foot care at the VA. The Care Coordinator found contact information for a VA Podiatrist, and they called together to get the client an appointment for the next day. The client is highly organized and involved with what his PCP and other providers recommend, he just needed some support and extra guidance to help him succeed.



## Webinar Trainings

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

JAN	<i>Hearing Loss: Impact, Awareness, Education from ODHH</i>
11	
FEB	<i>Fall Risk and Prevention</i>
8	
MARCH	<i>Health Promotion</i>
14	

# 2023 Webinars



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## Word Search

- Medicare 101
- Mandatory Reporting
- Assessment Screening Tools
- Overview of Medicaid and LTSS
- Late Life Depression and Suicide
- Health Home Care Coordination
- Tribal Relations – Government to Government
- Promoting and Supporting Cardiovascular Health
- Diabetes and Prediabetes Management and Prevention
- Illicit Substance Use and Helping Individuals Who Use Drugs
- The Basics: Consent, Capacity, Pre-Planning, and Guardianship

## Instructions:

Locate the underlined words in the heart above.

The words may be hidden horizontally, vertically, diagonally, for-



Answer key can be found at:  
<https://www.dshs.wa.gov/altsa/stakeholders/washington-health-home-program-quarterly-newsletters>