



Fall 2026 | Issue 36

Health Home Herald Newsletter

Football season is here, and many of us are excited to cheer on our favorite teams. (Go Dawgs!) Football reminds us that success comes from teamwork. Every player has an important job, and no one wins the game alone.

The same is true for our Health Home Care Coordinator team.

Teamwork Wins: Football and Health Home Care Coordination

Kerri Hummel, DSHS HH QA Specialist and Anthony Foster, DSHS HH Training Specialist

Just like a football team works together to move the ball down the field, Health Home Care Coordinators work with healthcare providers, community partners, clients, and families to help people reach their health goals. Everyone has a role, and when we work together, we achieve the best results.

Care Coordinators help clients stay connected to the care and services they need. They schedule appointments, communicate with providers, connect clients to community resources, and help remove barriers that can make it harder to stay healthy. Their work helps make healthcare easier to navigate and keeps care moving in the right direction.

Communication and trust are key—both on the football field and in healthcare. When everyone shares information and works together, clients receive better, more coordinated care. They feel supported, informed, and confident throughout their healthcare journey.

Clients and their families are important members of the team, too. Their goals, preferences, and experiences help guide every care plan. By working together, we can create solutions that meet each person's unique needs.

Not every win looks like a championship trophy. Sometimes it's helping a client recover safely after a hospital stay, managing a chronic condition, attending an important appointment, or accessing needed community resources. These everyday successes make a real difference.

As we enjoy football season, let's celebrate the teamwork that happens every day within our Health Home Care Coordinator team. By working together, supporting one another, and keeping our clients at the center of everything we do, we continue to make a positive impact—one client, one family, and one team at a time.



Care Coordinator Corner

Lead: AAADSW | CCO: AAADSW | CC: Donna Ganly

Client is an 89-year-old female with a primary diagnosis of dementia. The client has been experiencing increased dementia-related symptoms and has had several recent emergency department visits. I have had multiple conversations with ED social workers regarding the client's increasing care needs. They have expressed concerns that the client either requires additional caregiving hours or placement in an adult family home. The client has consistently refused both options.



I have communicated with the client's AAADSW Case Manager on several occasions regarding the client's increased needs and safety concerns. However, when the CM contacts the client directly to assess whether she needs additional caregiving hours, the client becomes confused and states that she does not need more assistance. As a result, the CM has not moved forward with increasing services. The CM stated that a formal dementia diagnosis was needed in order to proceed further, particularly given the client's inability to accurately report her needs.

The client had been awaiting a gerontologist appointment for several months. However, when the scheduling department contacted the client directly, she repeatedly declined the appointment, stating she did not need it. During a primary care physician follow-up appointment after an ED visit, I discussed these concerns with the PCP. The PCP authorized the gerontology department to contact me directly for scheduling purposes, which allowed the appointment to finally be scheduled.

The client attended the gerontologist appointment and received a formal diagnosis of dementia. I subsequently provided the formal diagnosis documentation to the client's CM. The CM also requested a copy of the client's POA documentation, which I obtained and provided as well.

Spotlight on Resources

Vets4Warriors: Support for the Military Community

Life can be challenging, but help is available. Vets4Warriors provides free, confidential support 24 hours a day, 7 days a week for active-duty service members, National Guard and Reserve members, veterans, family members, and caregivers.

The program connects people with trained veteran peers who understand military life and can offer support and guidance. They help people find resources for challenges such as:

- Emotional well-being
- Financial concerns
- Housing needs
- Employment issues
- Healthcare support
- Social and family

Because Vets4Warriors is independent, it can connect callers with community, nonprofit, and government resources while keeping all conversations confidential.

You do not have to face challenges alone. Help is available anytime.

24/7 Confidential Peer Support: <https://vets4warriors.com/talk-to-us/>

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From Overwhelmed to Empowered: A Community for TBI Caregivers

Kerri Hummel DSHS HH QA Specialist and Brenda Plechaty Founder/Leader of TBI Caregivers Support Group.



The Center on Brain Injury Research & Training recently hosted the webinar Complex Caregiving: When Brain Injury Meets Domestic Violence and Justice Systems Involvement, highlighting the importance of compassionate, trauma-informed support for families affected by traumatic brain injury. Among the featured speakers was Brenda Plechaty, whose personal caregiving journey has become a source of hope and connection for families across the country.

Brenda became a caregiver to a TBI survivor in 2016 and quickly discovered how overwhelming and isolating the experience could feel. Finding reliable resources, emotional support, and people who truly understood the day-to-day realities of brain injury caregiving was not easy. Determined to make sure other families would not have to walk that path alone, she founded TBI Caregivers Support Group in 2018.

What began as a small effort to connect caregivers has since grown into a trusted nationwide community serving families in all 50 states. Through peer support, education, advocacy, and practical guidance, the organization offers caregivers a welcoming space where they can find encouragement, understanding, and real-world help navigating the long road of recovery.

Brenda's work closely reflects the goals of Health Home "Individual and Family Supports" services by helping families strengthen self-advocacy skills, connect with community resources, build emotional resilience, and navigate the many systems involved in long-term recovery. Caregivers often turn to the organization for support related to rehabilitation services, behavioral health care, disability systems, housing and transportation resources, adaptive coping strategies, and opportunities for social connection and community integration. In many ways, the organization serves as a compassionate community partner and an informal extension of care coordination services for families affected by traumatic brain injury.

Just as importantly, Brenda encourages caregivers to care for themselves, too. She reminds families that caregivers deserve support, recognition, and access to services that protect their own health and well-being. One recommendation she shares is asking a primary care provider to include the ICD-10 caregiver code in the caregiver's medical record, as this documentation may help qualify caregivers for additional support services, including respite care through their insurance provider.

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Families frequently express appreciation for Brenda's warm and approachable way of explaining complex issues. Because she has personally experienced the caregiving journey herself, her guidance comes with genuine empathy, understanding, and reassurance. Her message is simple but powerful: caregivers are not alone.

Brenda also explained the difference between traumatic brain injuries and acquired brain injuries. TBIs happen when the brain is injured by an external force, such as a hit to the head or body. ABIs is a broader term that includes TBIs as well as non-traumatic brain injuries, which are caused by internal medical or biological issues rather than physical impact. Both types can cause similar long-term problems, including memory loss, thinking and speech difficulties, movement issues, and emotional changes. However, the cause of the injury can affect treatment, support needs, and legal decisions.

For many individuals and families living with brain injury, isolation can quietly become part of everyday life. Support groups can make a life-changing difference by offering understanding, hope, and a sense of belonging. TBI Caregivers Support Group meets virtually on the second Wednesday of each month at 6:30 p.m., with recent meetings welcoming 12-25 attendees from across the country.



Care Coordinators interested in learning more can contact Brenda through the organization's website <https://www.tbicaregiverssupportgroup.com> by selecting "Contact Us".

Medicare's Annual Open Enrollment

Vanessa Sherrill Medicare-Medicaid Integration Program Manager & Kerri Hummel HH QA Specialist

As seasons change and fall arrives, so do pumpkin spice lattes, corn mazes, leaves changing colors, and open enrollment for active Medicare beneficiaries.

Medicare's annual open enrollment period occurs annually October 15 –

December 7; this is the one time, each year, that current Medicare beneficiaries can make changes to the way they receive their benefits.

If a beneficiary has had health changes or is unhappy with Original Medicare or their Medicare Advantage plan, they can switch between the two during this open enrollment period. Medicare Advantage plans are becoming more popular as they typically offer supplemental benefits that Original Medicare does not such as gym membership, dental, vision, hearing aids, and more. Beneficiaries should always research their options before choosing a Medicare Advantage Plan as the supplemental benefits will by Medicare Advantage Plan and the plan's supplemental benefits offered can change annually.

A month or two prior to open enrollment, the Medicare beneficiary and/or their authorized representative should review their current Medicare coverage to ensure they are on the best option that meets their health and prescription drug needs (Original Medicare A & B + Part D or Medicare Advantage Part C that includes Part D coverage). The Medicare and You Handbook is an excellent resource and includes information on Medicare coverage and Original Medicare A and B cost information; the Medicare & You Handbook, found at <https://www.medicare.gov/Pubs/pdf/10050-Medicare-and-You.pdf>, is sent to all Medicare beneficiaries annually in August/September.

Here are a few things to keep in mind when choosing Medicare coverage:

- Open Enrollment starts October 15 and ends December 7; changes made go into effect January 1.
- If a Beneficiary is currently on a Medicare Advantage plan, they can switch back to Original Medicare or, if on Original Medicare they can switch to a Medicare Advantage plan.
- Part D prescription coverage: a beneficiary on Original Medicare will need to purchase a stand-alone Part D plan through a private insurance carrier; beneficiaries on a Medicare Advantage Plan should make sure the MA plan they select has Part D included, otherwise they have the option to purchase a stand-alone Medicare Part D plan as well.

Making changes to Medicare coverage can be confusing, but help is available. Whether a beneficiary has questions about Medicare or is considering changing the way they receive their coverage, they can call the Statewide Health Insurance Benefits Advisors at 1-(800) 562-6900 for free, local, unbiased help with Medicare; they can also call 1-800-MEDICARE. Health Home Care Coordinators can also assist their Medicare clients with researching options and help with making phone calls.

Medicare Part D Costs in 2027: Get the Facts

Vanessa Sherrill Medicare-Medicaid Integration Program Manager

The Inflation Reduction Act, signed into law in 2022, introduced significant Medicare Part D changes beginning in 2023 to make prescription drugs more affordable.

- 2023: Insulin was capped at \$35/month, and no out-of-pocket costs for recommended vaccines.
- 2024: LIS/Extra Help expanded eligibility to help more people with limited income.
- 2025: \$2000/annual cap on Part D out of pocket costs.

As these changes took effect, Centers for Medicare-Medicaid Services implemented the temporary Part D Premium Stabilization Demonstration in 2025 to help keep standalone Medicare Part D premiums affordable.

After two years' experience with new Part D benefit changes, Medicare Part D Plans gained the needed information to predict their costs. As a result, CMS is ending the demonstration on December 31, 2026.

Jan. 1, 2027: If you receive Extra Help to pay your Part D premium, you will not be affected. Covered medications, negotiated drug prices, and copays will not change. The change affects Part D premiums only. Those **without LIS/Extra Help** may see a modest premium increase.

Learn more:

<https://www.cms.gov/newsroom/fact-sheets/2026-medicare-part-d-bid-information-and-part-d-premium-stabilization-demonstration-parameters>

Questions:

Call SHIBA 1-800-562-6900



Participant Portrait

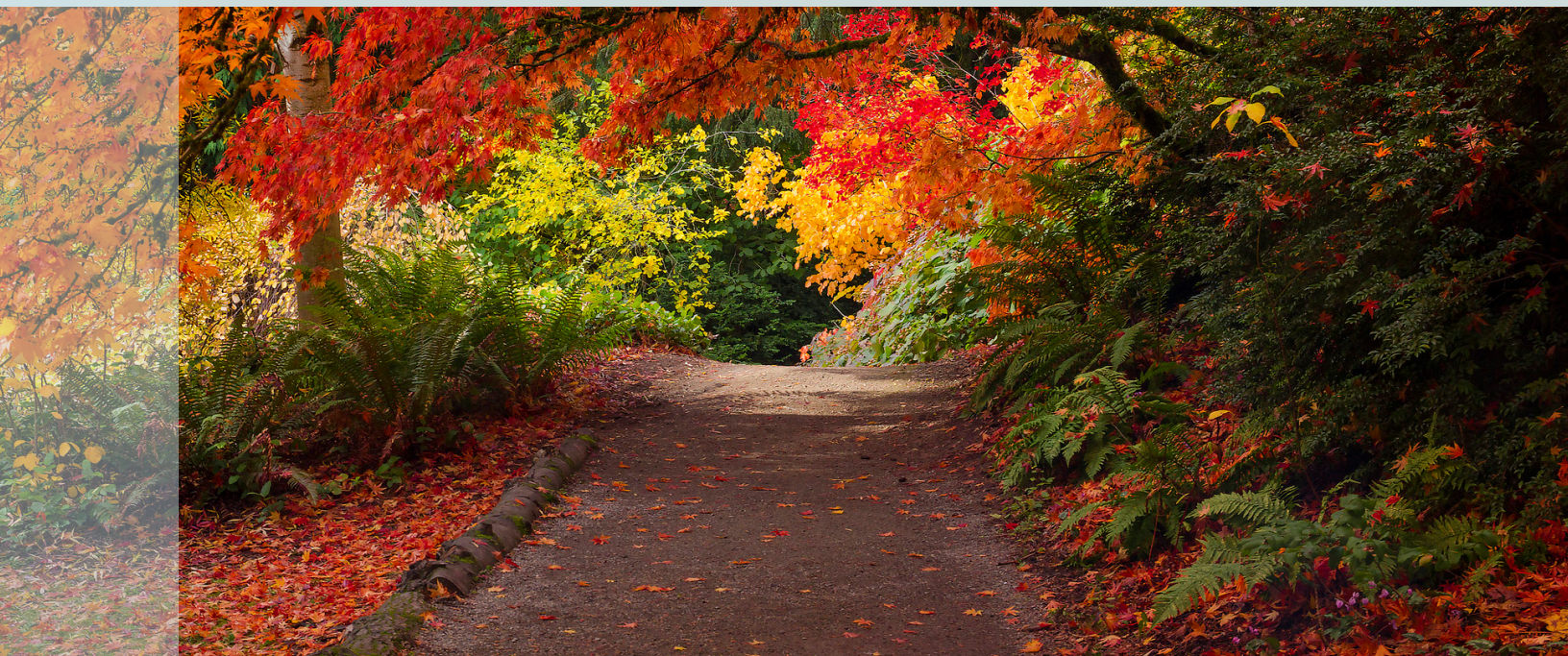
Lead: CCW | CCO: Bridging Care | CC: Keena Tenorio

The member is a 51-year-old female experiencing multiple complex needs, including cardiac concerns, mental health challenges, dermatology and ENT needs, food insecurity, transportation barriers, work-related stressors, and the need for ongoing primary care follow-up.

The Health Home Program provided intensive, hands-on care coordination to support the member in reconnecting with essential medical care while also addressing urgent social determinants impacting her overall stability. Interventions included scheduling an expedited appointment with her primary care provider, offering heart health education and information regarding a community heart health event when immediate medical access was unavailable, and connecting the member with shelter and housing resources during a period of housing instability.

Through ongoing outreach, advocacy, and consistent follow-up efforts, the member successfully re-engaged in medical care after extended periods of being unreachable. She attended a community heart health event to remain informed about her condition and connected with a local housing agency to advance her housing stabilization process. Best practices utilized throughout care coordination included warm handoffs during Care Coordinator transitions, persistent outreach to overcome communication barriers, flexible scheduling, and person-centered, trauma-informed communication strategies. Addressing immediate needs such as shelter access and health education helped sustain engagement and maintain progress while the member awaited formal medical appointments.

The member demonstrated significant resilience, motivation, and willingness to engage in services by openly communicating her needs, following through with appointments, and taking meaningful steps toward improving both her health and housing situation despite substantial challenges. Her ability to rebuild trust, remain engaged in care, and follow through with recommendations despite prior trauma and serious health concerns reflects considerable personal strength. She consistently valued having supportive advocacy, reliable follow-up, and a care team that listened to her concerns as she worked toward her health and stability goals. Her perseverance and collaborative approach have contributed to a positive and impactful care coordination partnership.



Retro Recall

Before Wi-Fi, before smartphones, and definitely before “just Google it”.

How Many of These Relics from the 70s and 80s Can You Name?

How'd you do?

8 out of 8 - Analog Royalty

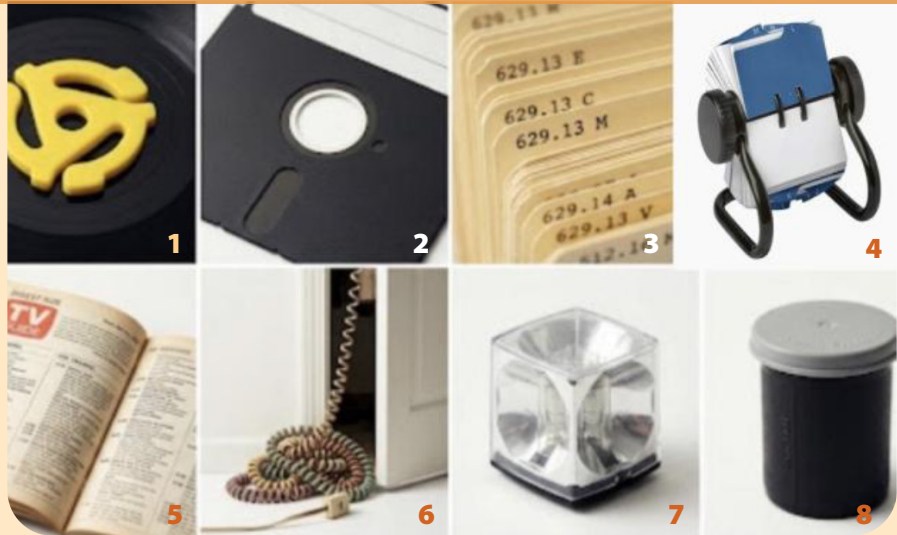
You didn't just recognize these, you used them! And in some cases, still do, you know who you are. *Way to represent!*

4 out of 8 - You Made It Work

Maybe you were either at the tail end of this era or heard plenty of stories about the “good old days.” You have a good appreciation for nostalgia.

3 or Less - Digital Diva

We're guessing you may have missed this era by a few years, but we're pretty sure you rule the roost in the digital world.



1. Forty-Five Single Record Player Adaptor
2. Floppy Disk
3. dewey decimal Card Catalog
4. Rolodex
5. TV Guide
6. Corded Phone
7. Camera Flash Cube
8. Thirty-Five mm Film Canister

Answer key: