

Health Home Herald



Hydration

Being well hydrated is essential for good health. Consuming water is necessary to keep the body's systems functioning properly. This is especially important to remember during the summer months when we need to increase our fluid intake to counteract warmer temperatures.

Hydration is vital to our overall health and well-being. In addition to helping the body function properly, water helps regulate body temperature and flush out waste. The following tips can help you stay hydrated:

- ◆ Drink 6 to 8 - eight ounce glasses of water each day. This is the general recommendation that will change based on age, chronic conditions, and activity level. Check with your doctor for the specific amount that is right for you
- ◆ Bring a reusable water bottle

to work and drink from it throughout the day, refilling as needed

- ◆ Drink water during your meals. Not only can it help you stay hydrated, but it can help you feel fuller, which can help prevent overindulging at mealtime

If you are not a huge fan of drinking water, you can add in slices of citrus fruit or even water enhancement drops or Pedialyte packets.

Keep in mind that heat exhaustion happens quickly—especially during summertime activities—and it can easily turn into heat stroke, a dangerous condition that can lead to organ damage, seizures, coma and even death. If you feel dehydrated, dizzy or overheated, get out of the sun, sip some water (slowly) and apply cooling compresses to your head, neck, and chest. If symptoms don't improve quickly, get to a doctor or call 9-1-1.

Water is truly the elixir of life. As you experience all great things about being in the sun, remember to drink plenty of water to keep you going strong all summer long. Your body and mind will thank you! And don't forget about your pets! It is important for your pets health to stay hydrated as well.

Helping Clients Apply for Long-Term Services and Supports

As a Care Coordinator, you support clients in different ways. Some clients may need less support while others need more.

Some Health Home clients may not be receiving long-term services and supports (LTSS) and do not know about them or what is available.

Some clients need guidance when realizing it is time for them to have more support

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**Continued -
Helping Clients Apply for Long
-Term Services and Supports**

whether that be a caregiver in the home or a change to a new environment such as an adult family home or nursing facility. Occasionally you may assist your client in applying for services which is a sensitive choice for our clients and their families.

Having monthly contact with your clients helps you understand their wants and needs better. During this contact, you might determine where they need the most support. When completing a HAP, the KATZ is one screening that will help determine if a referral is needed for LTSS. If the client is needing assistance with two or more ADLs, talk with your client about a referral.

If you are unsure if your client is on a LTSS program, you can check PRISM to see if your client has a case manager (CM) under the “CARE” tab. Also, when helping your client complete the consent form, ask if they have a CM, whether that be with Home and Community Services (HCS), Area Agency on Aging (AAA), Developmental Disabilities Administration (DDA), or Temporary Assistance for Needy Families (TANF). Also ask if we have their permission to work with the CM to help navigate services and resources. Add that information to the sharing consent form and include in documentation.

You do not have to be an “expert” on LTSS, but you do

need to know where to go for information. HCS Intake and Referral/Assistance is a great resource and can help identify which services to pursue.

When a client applies for LTSS with HCS, the application is assigned to a public benefits specialist (PBS) and a social services specialist. Both will contact the client or family via mail or a phone call. The PBS will determine if the client is “financially eligible” for the program and the social services specialist will determine if the client is “functionally eligible” for the program and the two will work together to assist the client. As a Care Coordinator, you might need to help your client or family with understanding or completing paperwork and navigating various resources so please check out the following information:

What is the best way to apply for LTSS?

Applications for LTSS may be submitted using any of the following methods:

- Apply online at: www.WashingtonConnection.org if the client is age 65 or older, blind, disabled (ABD), or on Medicare.
- Apply online at www.wahealthplanfinder.org

Applications for clients under age 65 or ineligible for Medicare should be submitted through this site and will have a real-time determination of Washington Apple Health medical coverage eli-

gibility under the modified adjusted gross income (MAGI) methodology.

- Apply by completing the [HCA 18-005](#) Washington Apple Health Application for Aged, Blind, Disabled/Long-Term Care coverage and mail or fax into HCS, or
- Apply by completing the [HCA 18-008](#) Washington Apple Health for Tailored Supports for Older Adults (TSOA), which is a program that provides supports to caregivers, or
- Apply in-person at a local Home & Community Services office. To find an HCS office near you, use the [DSHS Office Locator](#), or
- Call the HCS intake line in the area in which you reside to schedule an assessment.
- Contact your local Area Agency on Aging (AAA) to talk about supports available in your community. To find your local Information and Assistance (I&A) or Information and Referral (I&R) office go to [Washington State Community Living Connections \(washingtoncommunitylivingconnections.org\)](http://WashingtonStateCommunityLivingConnections(washingtoncommunitylivingconnections.org))



Participant Portrait

*HH Lead – Coordinated Care
HH CCO – Rural Resources
HH CC – Jennifer Aus*

When Nathan first enrolled in Health Homes, he was newly sober and had a somewhat disheartening outlook. His liver and kidney were in danger of failing and he was seeking to be placed on an organ transplant list. He was an educated professional in his mid-forties but was not working and was living at home with his parents. As a result of alcohol abuse Nathan also suffered from a lung disorder and gastrointestinal hemorrhage.

Nathan was in outpatient treatment services at the time of his enrollment in Health Homes and he has been seeing a mental health counselor and a recovery advocate/peer counselor for the past year-and-a-half. He has always said that he takes whatever support he can get and has

counted Health Homes as an integral part of that support. Nathan celebrated one year of recovery in September 2021 and says that he is now learning to “do” recovery as an ongoing part of his life rather than it being the central focus of his existence.

Nathan persisted through the rigorous process to be a transplant candidate, but by the time he had completed the process his organs had recovered enough that a transplant was considered merely a fallback plan. Nathan has accomplished several personal and professional goals during the past year-and-a-half. He has taken a bicycle tour of the Olympic Peninsula and has gone mountain biking at Slick Rock in Moab, Utah. He took up his profession again, beginning with volunteering his services for 2-3 hours a week and progressing to 15-20 hours per week of freelance work. He is striving to maintain a positive work-life balance and

not allow stress to take over.

As Nathan’s Care Coordinator I have been privileged to be a part of his journey, striving to provide support, encouragement, and occasional educational and informational materials. The hard work has been all his, as he has shown his determination to break free of addiction by changing his lifestyle and using the supports available to him. As Care Coordinators, we always look for the best in our members and help to draw out their strengths. It’s our mission to help them recognize these strengths as well and use them to achieve success.

Fast Facts

- There are 63 National Parks*
- 30 states have National Parks*

CARE COORDINATOR GOODY BAG

Recently, during the HH Building Resiliency Huddle, staff were asked to share examples of items they bring to home visits other than typical HH materials. The following are their response. We hope it provides good ideas for you.

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • Sticky notes • To do list for client • Pen • Next month’s schedule / several months of calendar pages to note appts, etc. • Client folders • Box clipboard (holds brochures, forms, etc.) • Extra assessments and HAP forms • Notebook | <ul style="list-style-type: none"> • First aid kit • Temperature gun • PCR COVID tests • Dog treats/food • Personal health record for client to fill in • Medi-set • Hand sanitizer • PPE / masks | <ul style="list-style-type: none"> • Smoke spray • Flea spray • Bed bug spray • Stool • Booties • Lysol wipes • Garbage bag • Extra clothes/shoes • Rubber gloves • Other personal safety items |
|---|---|---|

Match the National Park to the State it is in	
PARK	STATE
Acadia	Alaska
Arches	Alaska
Badlands	Arizona
Big Bend	Arizona
Biscayne	Arizona
Bryce Canyons	Arkansas
Canyonlands	California
Carlsbad Caverns	California
Crater Lake	California
Death Valley	California
Denali	California
Gates of the Arctic	Colorado
Gateway Arch	Florida
Glacier	Hawaii
Grand Canyon	Kentucky
Grand Teton	Maine
Great Smoky Mountains	Missouri
Haleakala	Montana
Hot Springs	New Mexico
Joshua Tree	New Mexico
Mammoth Caves	North Carolina & Tennessee
Mount Rainier	Oregon
New River Gorge	South Dakota
North Cascades	Texas
Olympic	Utah
Petrified Forest	Utah
Redwood	Utah
Rocky Mountains	Utah
Saguaro	Virginia
Sequoia	Washington
Shenandoah	Washington
White Sands	Washington
Yellowstone	West Virginia
Yosemite	Wyoming
Zion	Wyoming, Montana, Idaho

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 updates to topics and registration links.

Upcoming topics

July	Behaviorism Training
14	
August	Special Education Services
11	
Sept	SHIBA
8	
October	Dementia
13	
Nov	Hospice
10	
Dec	No Training in Dec. 2022



Consent Guidance Training

Guidance has been released around the Health Home Participation Authorization and Information Sharing Consent form. Training for this special-topic provides participants an over-

view of the guidance in completing this form and may be found on the DSHS Health Home webpage. Look under “Optional On-Going Training” at [Washington Health Home Program -](#)

[On-Going Training | DSHS](#)

Or directly at [Health Home Participation Authorization and Information Sharing Consent Form Guidance Training:](#)

Care Coordinator Corner

HH Lead – Molina

HH CCO – Child & Adolescent Clinic

HH CC – Brian Cummings

Alex is a teenage boy with multiple medical and behavioral health conditions. In addition to scoliosis and short stature due to a growth hormone imbalance, Alex has vision and hearing impairment, ADHD, and several mood disorders. His mother provides care to him but has chronic health issues herself.

While Alex's medical and behavioral health conditions present a significant challenge by themselves; these factors have played heavily on his psychosocial life, which has been marked by bullying at school and having no close friends. Alex and his family were dealt an additional blow when their planned move to a rural location – where Alex would have a collection of farm animals that might prove therapeutic – was delayed due to mom's hospitalization, and much of their property such as furniture and other items being stolen.

Health Home Care Coordinator Brian Cummings, MPT, from Child & Adolescent Clinic, a Molina-contracted Care Coordination Organization (CCO), helped this family navigate through

Fast Facts

*Washington State has
3 National Parks*

their hardships. First, the Health Home Care Coordinator researched Alex's hormone problem to become familiar with his condition, and then pulled together a multidisciplinary team of doctors and therapists to address Alex's multiple challenges. He also uncovered that Alex was overdue for hormone therapy and brought this to the attention of the PCP.

Just as important, in a subsequent talk with the PCP, the Care Coordinator described Alex's propensity to appear as if he were yelling and angry at people all the time due to his impaired hearing and poor voice regulation, and his oppositional defiance disorder. The PCP referred Alex to speech therapy and prescribed medication as well.

On the community resources front, the Care Coordinator was able to direct the family to organizations that gave them furniture and other household items to help replace what was stolen.

With treatment and a supportive family behind him, Alex has improved significantly in several areas. As a result of the hormone therapy to stimulate bone growth, he has gone from the 6th percentile to nearly the 40th percentile for his height and age. Through speech therapy, Alex has gained control of his speech volume and tone of voice, which, along with medication for impulse control, has freed Alex so

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

healthhomenewsletter@dshs.wa.gov

that he's not perceived as being upset and angry at people when he doesn't feel that way. Additionally, he is seeing more successes at school than ever before, and his family recently moved to their farm home.

"This was really just stepping in to guide this family in the right direction," explained Cummings. "Mom is the one who shared her concerns, she is the one who made all the appointments and took Alex to everything. And Alex is the one who had to endure growing pains and work hard every day to keep his posture good (with the scoliosis). He is the one who has to think so hard about his volume and tone of voice. I'm glad everything is moving in the right direction for this family."



National Parks Crossword



A



C



B

A crossword puzzle grid with 27 numbered starting points for clues. The grid includes a single black square at the intersection of 16 across and 9 down.

Across

- 2. The highest mountain in this NP was originally named Tacoma or Tahoma
- 4. This NP contains the Hoh Rainforest.
- 5. This first NP, established in 1872, is in three states.
- 8. This NP is the hottest, driest, lowest place in the US. Temperatures have exceeded 130°
- 11. See picture B. This is Nature's sandstone art. In which Utah NP was this picture taken?.
- 12. This NP is home to the tallest waterfall in North America.
- 14. See picture C. This NP is in the 50th state.
- 15. The most visited NP, every year since 1944.
- 16. This NP contains the oldest protected area in the National Park System.
- 18. This NP is bordered by the Rio Grande River.
- 20. This NP was named after a region of Greece that the park resembles.
- 21. Redesignated as a NP in 2020, this West Virginia park is the newest NP
- 22. This NP contains the Crystal Cave.
- 24. This NP was named after the tallest mountain in North America.
- 25. The lowest elevation of this Washington State NP is 605 feet at Goodell Creek.

- 26. The NP in picture A has over 2000 natural stone formations.
- 27. This NP was established in 1929 and then again in 1950.

Down

- 1. This NP is populated by five Indian tribes and is larger than the state of Rhode Island .
- 3. This NP contains the Continental Divide.
- 6. The sand in this NP is not actually white and doesn't act like "sand" either.
- 7. This NP was names after a plant that is really old & illegal to harm.
- 9. This NP was named after a yucca plant.
- 10. This NP contains the world's longest known cave system. 400 miles of cave have been explored.
- 13. 95% of this NP's nearly 173,000 acres are underwater.
- 17. The Virgin River runs through this NP.
- 19. The only NP site that contains a segment of the Historic Route 66 alignment.
- 23. The Lakota, first called this area "mako sica" or "land that is bad".

Answers can be found at

[Washington Health Home Program - Quarterly Newsletters | DSHS](#)