

*UNIVERSITY OF KENTUCKY*

*Kentucky Homeplace*

**January 1 – March 31, 2017**  
**Quarterly Report**



*Kentucky Homeplace* <http://www.kyruralhealth.org/homeplace>

Funding for the program is a joint collaboration of the Kentucky Cabinet for Health and Family Services and the University of Kentucky and the Center of Excellence in Rural Health.

Photograph taken at Maces Creek in Kentucky courtesy of Todd Carter

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# Kentucky Homeplace

With the milder weather during the first quarter of 2017, Kentucky Homeplace Community Health Workers have been very active in their communities and the reports on the following pages reflect this accordingly. Our clients have been able to obtain services as needed and the CHWs have been conducting home visits unhindered by the weather as in past years. Chronic Disease Self-Management and Walk with Ease programs began at the end of March and will continue throughout the year. Our goal is to have 600 participants complete both of these programs by June 30, 2017. The program currently serves 30 counties in the eastern portion of the state with 22 full time CHWs. The following report reflects the CHWs activities regarding care coordination, number of services, service values and medication values as well as collective information on the health status of our clients. The program continues to emphasize education/health coaching for clients on chronic disease management, healthier lifestyles and preventative care.

## *Quarterly Summary*

For the period January 1 – March 31, 2017, the CHWs provided services for 1,926 clients. CHWs logged 4,613\* hours on care coordination activities with a service value of \$86,125, amount of medication accessed \$1,227,565 and other service values (not medications) accessed were \$807,213 for a combined total of \$2,120,903.

The entire quarterly report is posted on the UK Center of Excellence in Rural Health's web page at <http://kyruralhealth.org/homeplace>. The report is found under the Kentucky Homeplace tab, Quarterly Reports and then click on January - March 2017. If you wish to have a printed copy, please call 1-855-859-2374 or email me at [mace.baker@uky.edu](mailto:mace.baker@uky.edu).

Sincerely,



William Mace Baker, RN  
Director, Kentucky Homeplace Program

\* Updated 7/19/17 to include the cost of CHW time and the amount of time required to conduct workshops.



# Program Activities

January 1- March 31, 2017

## **Chronic Disease Self –Management (CDSMP), Walk with Ease (WWE) and DSMP update**

All current CHWs are trained to conduct CDSMP and WWE workshops. These sessions began in March and will continue throughout the year with our goal of 600 clients completed by June 30, 2017.

## **Kentucky Association of Community Health Workers (KYACHW)**

- 01/26/2017 Advisory board conference call
- 02/15/2017 KYACHW board meeting at Montgomery County Health Department, Mount Sterling, KY
- 03/16/2017 KYACHW board and regular meeting held at the Montgomery County Health Department, Mount Sterling, KY

## **Community Engagement Activities**

The following is a sample of the types of events KHP CHWs have participated in during this quarter:

Boyd County colon cancer awareness event, multiple diabetes shoe clinics, Breathitt, Morgan, Lawrence, Perry and Elliott Counties diabetes coalitions, Bath and Letcher County food drives, multiple health fairs and interagency meetings, *SOAR Obesity & Diabetes Roundtable: Disease Detection and Management* discussion-Knox County, American Heart Association red ribbon luncheon event.

## **Connecting Kids to Coverage**

All Kentucky Homeplace CHWs and Connecting Kids to Coverage (CKTC) CHWs are currently certified as assistors. They are currently offering assistance with health coverage enrollment in the 30-county KHP service area and the 40-county CKTC service area.

## **Research**

All Kentucky Homeplace CHWs will be attending Appalachian Research Day at the University of Kentucky, Center of Excellence in Rural Health in Hazard, Ky. on May 24<sup>th</sup>. Many of the CHWs have played an integral role in the research that will be presented.

## **CHW Trainings**

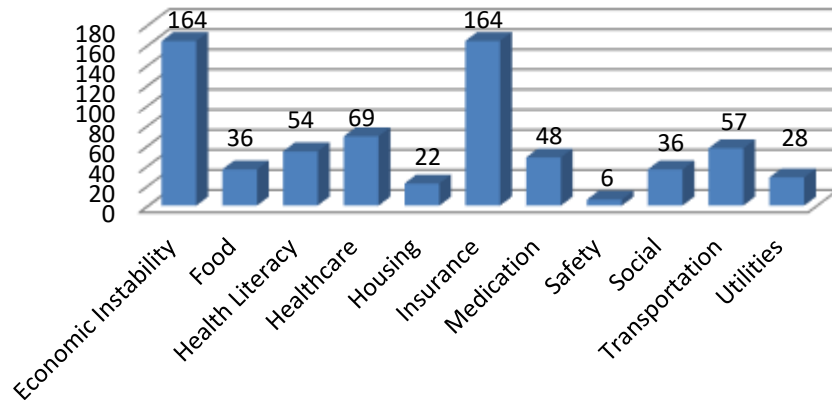
During the month of March, Kentucky Homeplace staff provided CHW training in Richmond, Kentucky. A total of nine external CHWs were trained.

## **Other News**

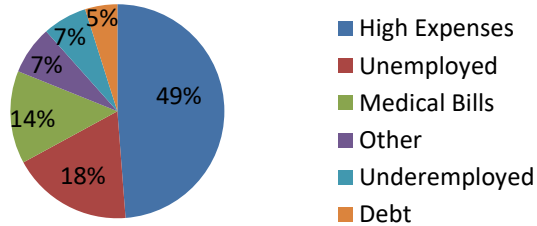
There is currently a vacancy in our KHP Harlan, Kentucky office and the position has been posted. A vacancy also exists in our Clay County office. Posting is pending.



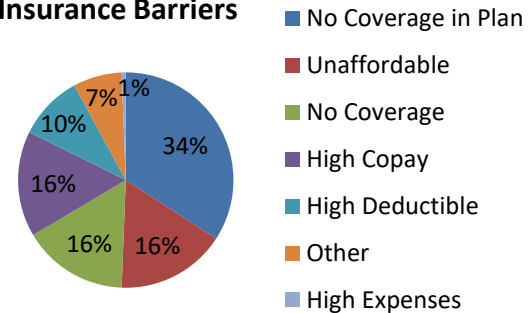
## SOCIAL DETERMINANTS OF HEALTH BARRIERS TO CARE 1/01/2017 - 3/31/2017



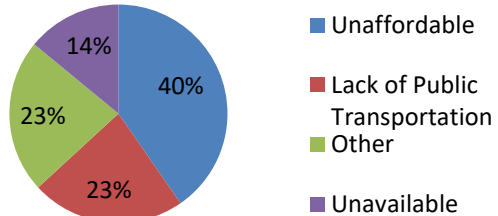
### Economic Instability Barriers



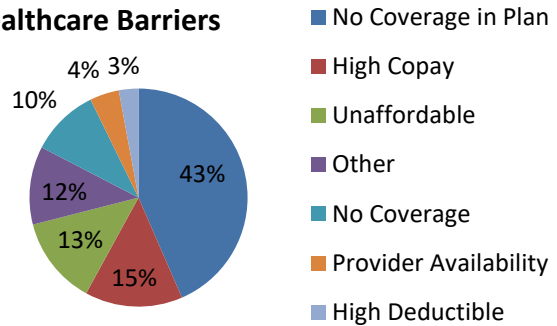
### Insurance Barriers



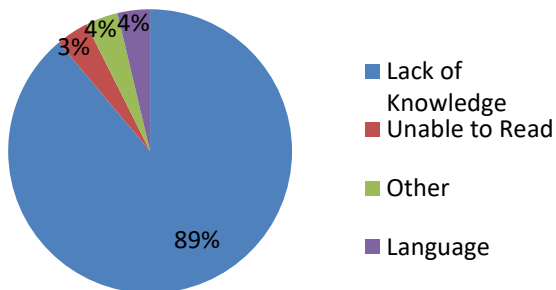
### Transportation Barriers



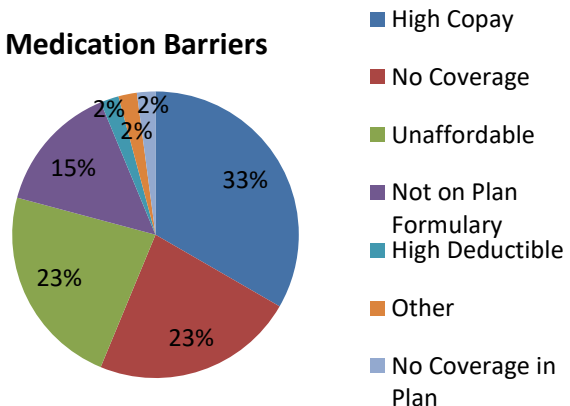
### Healthcare Barriers



### Health Literacy Barriers



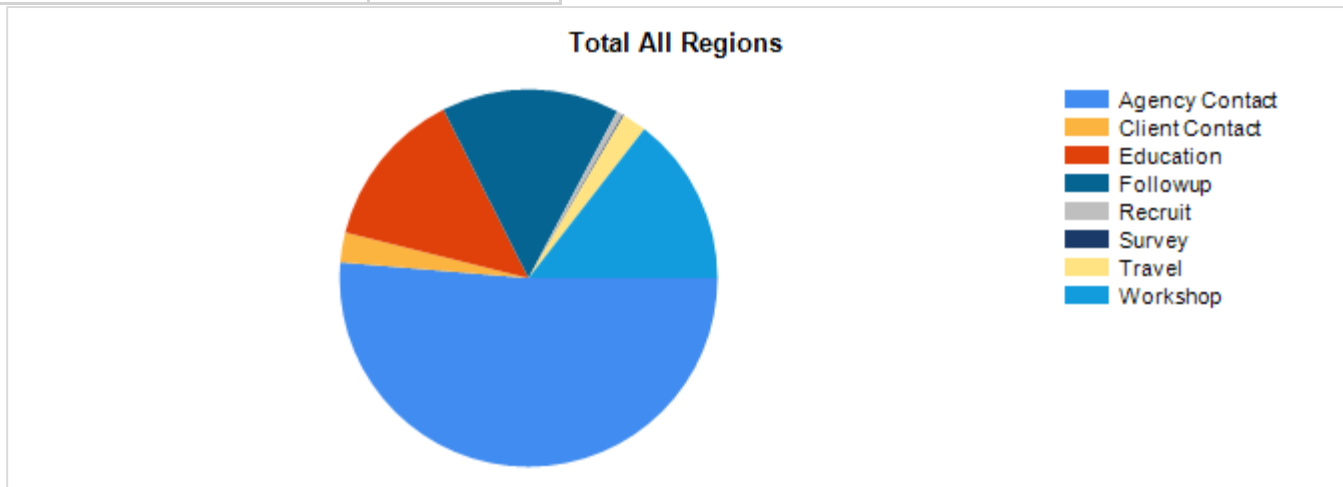
### Medication Barriers



# Activity Summary

(Clients visited: 01/01/2017 – 03/31/2017)

Activity	CHW Hours
Agency Contact	2,368.30
Client Contact	118.28
Education	630.50
Followup	701.80
Recruit	24.67
Survey	5.67
Travel	95.83
Workshop	*668.42
<b>Grand Total:</b>	<b>4,613.47</b>



**Total service value for 4,613 hours equals \$86,125.**

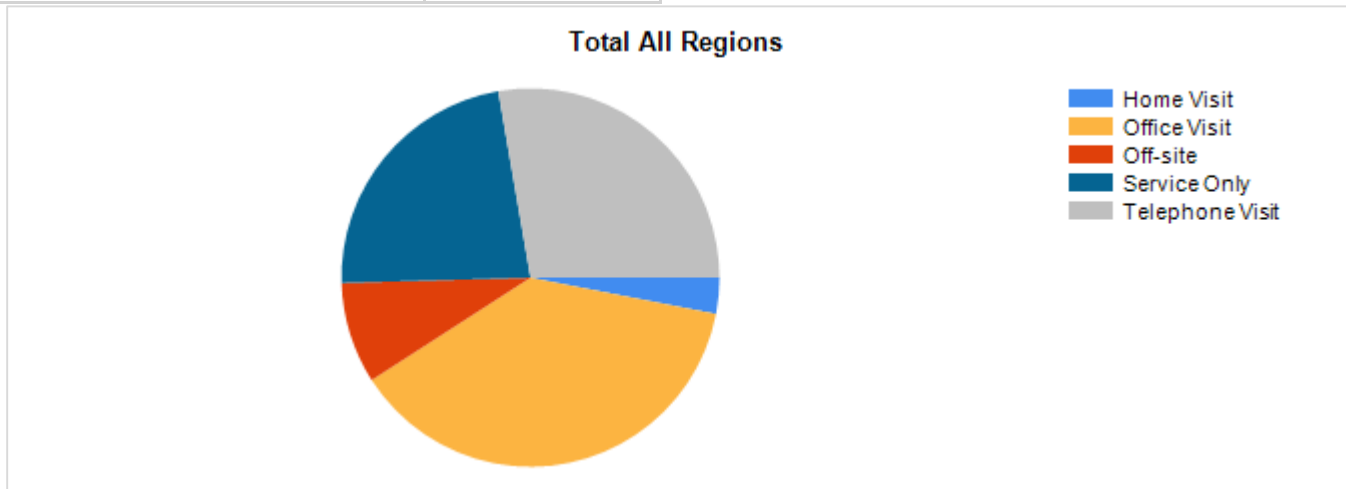
\* Revised 7/19/2017



# Visit Summary

(Clients visited: 01/01/2017 – 03/31/2017)

Visit Type	Client Visits
Home Visit	149
Office Visit	1,833
Off-site	420
Service Only	1,101
Telephone Visit	1,344
<b>Grand Total:</b>	<b>4,847</b>

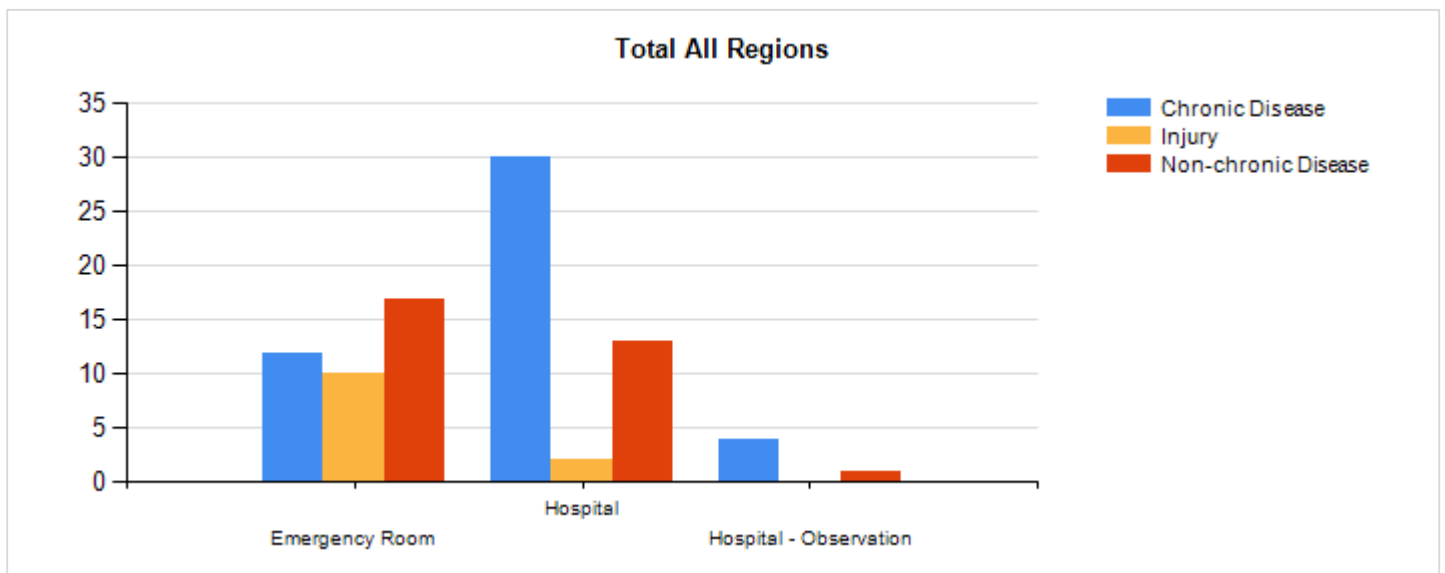


\* Service only involves any actions taken on behalf of the client while the client is not present.

# Hospital-ER Summary

(Clients visited: 01/01/2017 – 03/31/2017)

Episode Type	Reason	Episodes	Days Stay
Emergency Room	Chronic Disease	12	4
Hospital	Chronic Disease	30	117
Hospital - Observation	Chronic Disease	4	6
Emergency Room	Injury	10	3
Hospital	Injury	2	53
Emergency Room	Non-chronic Disease	17	9
Hospital	Non-chronic Disease	13	58
Hospital - Observation	Non-chronic Disease	1	10
<b>Grand Total:</b>		<b>89</b>	<b>260</b>

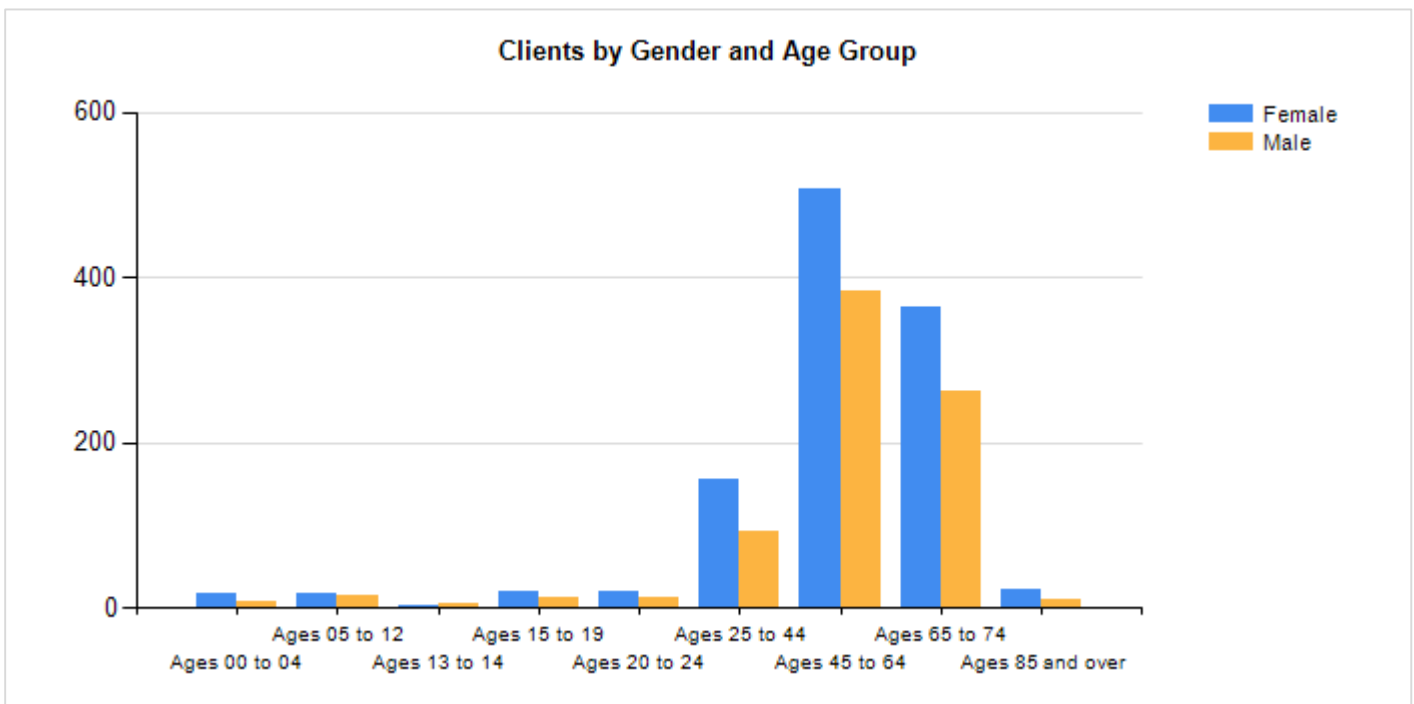




# Age Gender Summary

(Clients visited: 01/01/2017 – 03/31/2017)

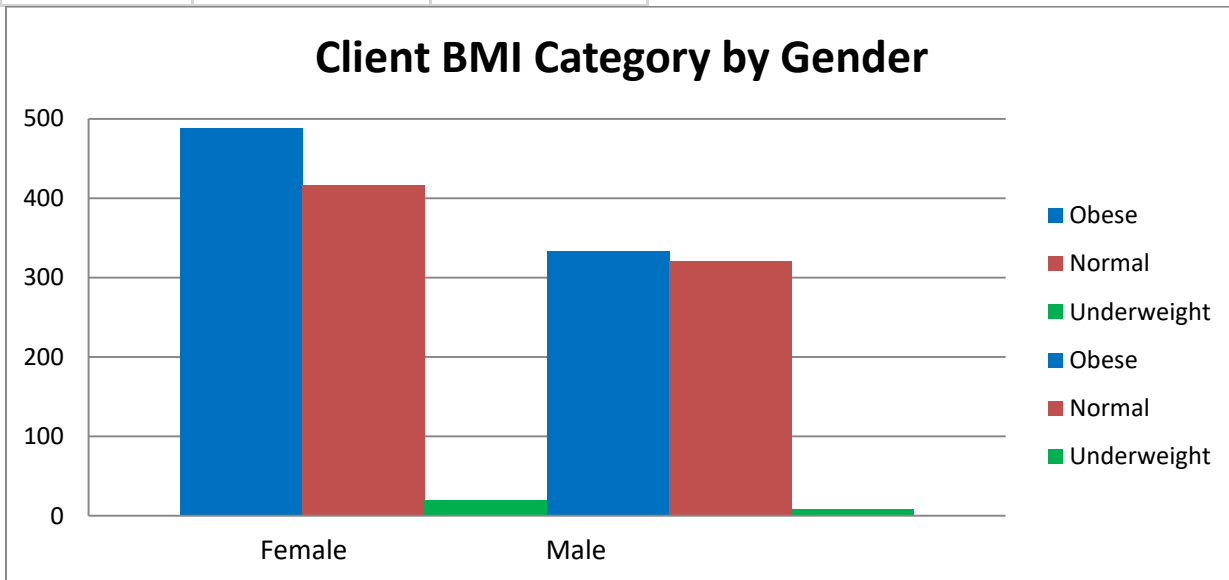
Age Group	Female	Male
Ages 00 to 04	18	8
Ages 05 to 12	17	15
Ages 13 to 14	3	4
Ages 15 to 19	19	12
Ages 20 to 24	20	11
Ages 25 to 44	156	93
Ages 45 to 64	507	384
Ages 65 to 74	363	261
Ages 85 and over	23	10



# BMI Category Summary

(Clients visited: 01/01/2017 – 03/31/2017)

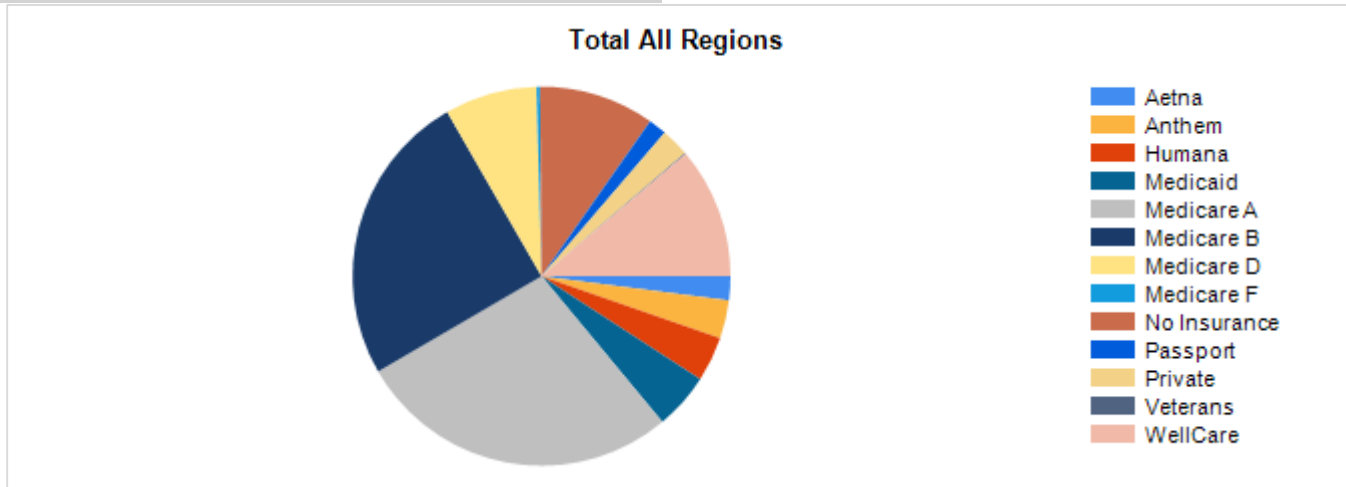
Gender	BMI Category	Clients
Female	Obese	488
	Normal	417
	Underweight	19
	<b>Total:</b>	<b>924</b>
Male	Normal	334
	Obese	321
	Underweight	8
	<b>Total:</b>	<b>663</b>
	<b>Grand Total:</b>	<b>1,587</b>



# Insurance Summary

(Clients visited: 01/01/2017 – 03/31/2017)

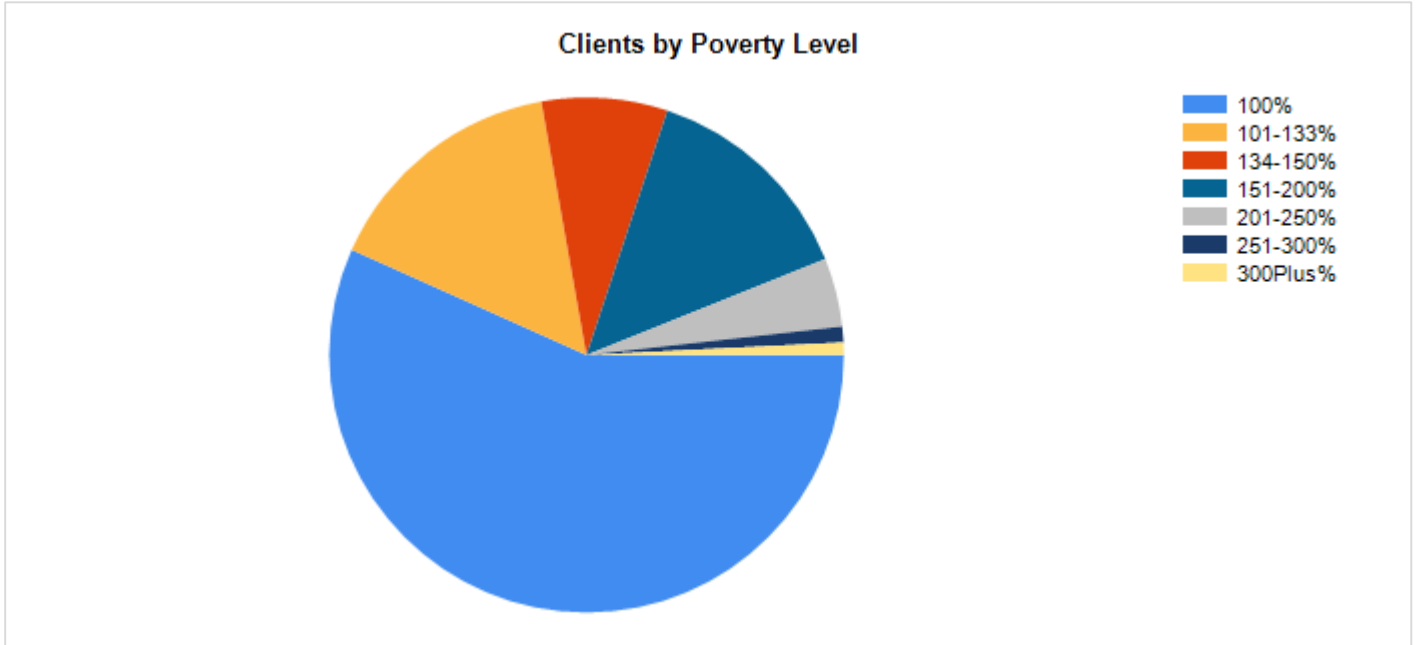
Insurance Type	Clients
Medicare A	924
Medicare B	837
WellCare	373
No Insurance	330
Medicare D	264
Medicaid	161
Humana	128
Anthem	109
Private	81
Aetna	68
Passport	52
Medicare F	10
Veterans	3



# Poverty Level Summary

(Clients visited: 01/01/2017 – 03/31/2017)

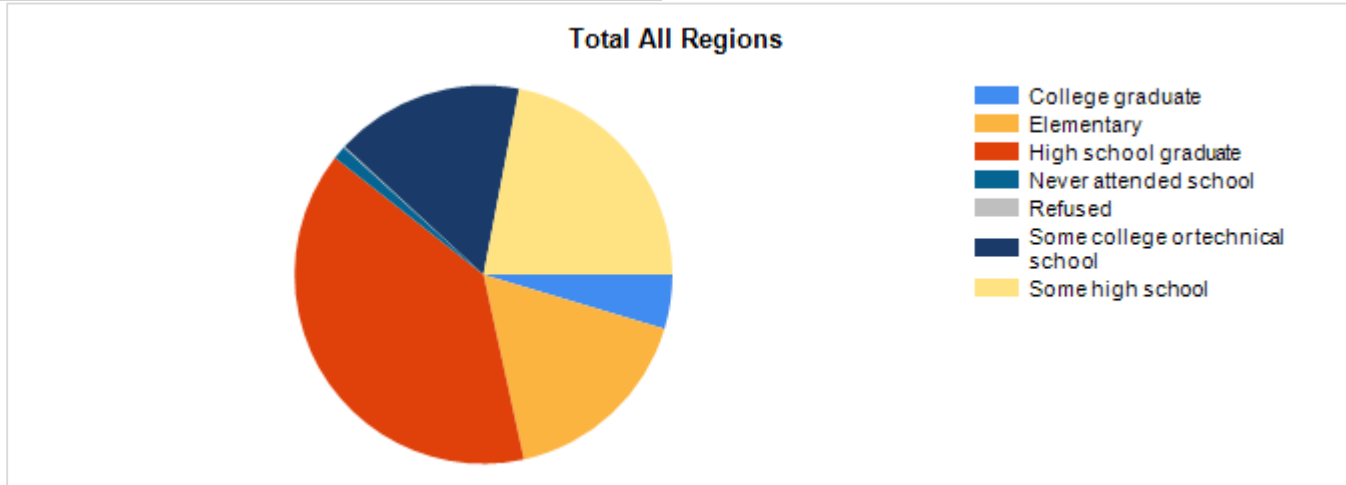
	100%	101-133%	134-150%	151-200%	201-250%	251-300%	300Plus%	Total
Clients	1,091	298	152	266	83	19	15	1,924



## Education Level Summary

(Clients visited: 01/01/2017 – 03/31/2017)

Education Level	Clients
Never attended school	22
Elementary	326
Some high school	423
High school graduate	751
Some college or technical school	311
College graduate	89
Refused	2
<b>Grand Total:</b>	<b>1,924</b>



**Kentucky Homeplace February 2017 Staff Meeting**  
at  
**Wolfe County Fiscal Court**



**Pictured from left to right: Mace Baker, Program Director; Tonya Bowling; Jesshia Fulkerson (back row); Amanda Goolman; Deana George (back row); Carole Fraizer; Ashley Gilbert (back row); Katherina Hamilton; Melissa Seals; Angela McGuire (back row); Barb Justice; Mary Bowling (back row); Johnnie Lovins, Rural External CHW Director (front center); Kim Patterson; Kathy Slusher (back row); Samantha Bowman; Janet Kegley, Program Coordinator (front center); Whitney Bingham (back row); Ratisha Roberts; Brianne Smith (back row); Kaya Gilliam; Kendra Ward (back row); Whitney Bailey; Pollyanna Gilbert (back row); Megan Holland; Charlotte Tribble (back row); Judy Bailey; Shirley Prater (back row); Elizabeth Smith.**

# Kentucky Homeplace

## 30 County Service Area

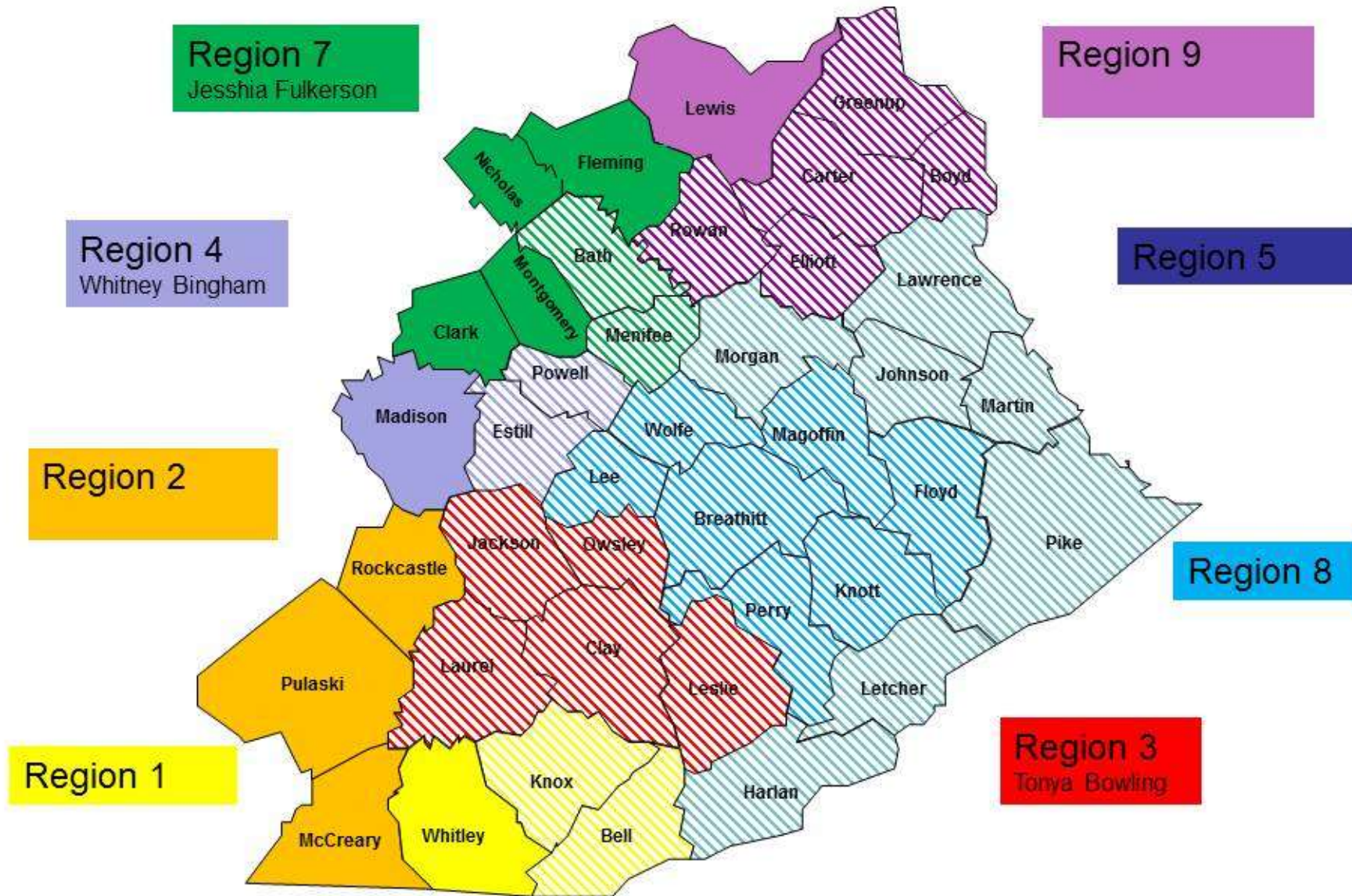


Central Office  
Mace Baker, Director  
750 Morton Blvd., Hazard, KY 41701  
855-859-2374





## Connecting Kids to Coverage Region Map



# Client Encounters

## Actual Situations Encountered by Community Health Workers

January 1, 2017 - March 31, 2017

- ❖ A middle-aged man was referred to me from the Social Security Office. This man receives Disability Social Security and has a Medicare Part D Plan. His problem was he had been in the coverage gap for his diabetic medications since July 2016. During this time, he had an A1C of 13. I immediately started working to access his needed medications and we began diabetes health coaching. After his last doctor's visit he had lowered his A1C to nine and he had lost 12 lbs.

This client thanked me for being a little aggressive and pushing him to make better choices and helping him to understand his diabetes better. He was so happy with the way he felt and looked that he now plans on attending my Walk With Ease class in January and hopes for more knowledge in managing and coping with his chronic diseases.

- ❖ This quarter I have seen many clients with lots of different needs but one client in particular stands out because she was truly grateful for the services that she received from Kentucky Homeplace. This client came into my office in need of guidance and assistance with her medical bills; she had been to several other agencies without success.

This client had suffered an illness, which left her hospitalized and now covered in debt. She was discussing her financial hardship with her co-worker who suggested that she find her way to Kentucky Homeplace. She was ready to give up because she had attempted several times to get help and she felt as if she was drowning in debt. Unable to meet her everyday basic needs even though she was employed and had health insurance, the medical bills were too much for her to handle.

Within only a few moments of working with my client I was able to call her collectors and get the debts written off or reduced, then helped her create a payment plan within her budget. Since starting to work with my client on her medical bills I have been able to help her in receiving other assistance with reduced-cost doctor visits for preventive services.

- ❖ During this quarter, I had a meeting with outpatient mental health provider. One of their clients was working on getting custody back of her four children. She had said in order to regain custody she had to get a job and prove she was able to provide for them. My client did not have any teeth and said she felt her interviews ended poorly because of this. I worked with her and got her enrolled in my system and scheduled her appointment with Dr. Robinette so he could make her reduced cost dentures. I then spoke with her case-worker

and they were able to provide half of the funding for the dentures. I also worked with LKLP to get transportation set up for her to be able to attend her appointment. My client was very grateful that we were able to offer a resource for something she so desperately needed and was able to afford. I am thankful when I imagine her smiling with confidence during her interview and then later when she got her children back in her home. She had told me that she had worked with a couple different dentists but was struggling to find anything that was affordable.

- ❖ I had another client that came in this quarter because he had experienced a house fire. He lost all of his possessions and was in need of some new glasses, personal hygiene items, and some food. I did the client's referral to Eye Mart to get him some reduced priced glasses. I called and scheduled his appointment. I let them know how urgent it was for him to get in quickly. They were wonderful and waived the fee so my client got his new glasses free. I also made some calls to some community churches, Interfaith, and Helping Hands. I was able to help my client find some hygiene items, clothing, bedding, and food. I scheduled him an appointment with KRCC to find housing. He was in tears when he left my office because he was so grateful. I was very pleased that I was able to help point him in the right direction.
- ❖ The past few months at Kentucky Homeplace office have been busy for me. However, there is one day that stands out in my mind the most. It was my busiest, but best day on the job yet. A couple weeks before, I received a phone call from a director at a local women's shelter. She mentioned there were many women in need of assistance with different things. A few of them being; health insurance, dental work, glasses, medications, medical equipment, etc. We wound up going to the shelter for one day and met with 12 women! Each had different needs, but it was an awesome experience to see opportunities come together for them. Most of these women had been through very trying circumstances. Seeing the smiles on their face when we told them we could help them was truly a blessing. Each of them was so thankful for the assistance they would be receiving. We went there thinking we would be helping them, but turned out they were a blessing to us. After talking with the director of the shelter about the success from that day, we decided to start coming once a month to follow up with previous women, as well as assist new ones. I am so thankful for this opportunity and looking forward to a great partnership with them.
- ❖ I was asked to do a home visit with Protection and Permanency Agency to see if there were any services I might be able to offer an elderly gentleman. The social worker told me she had made several attempts to help the gentleman and he refused all her suggestions. When going on a home visit there is no way to prepare yourself for what you might find. This small framed man met us at the door, almost frail looking but he had plenty of spunk. He said to us as he peeked out the door "Let me put up rooster he likes to attack". To say the very least I was amused, and then I really heard the rooster crow, after some scuffle the man asked us to come in, and sure enough there in a tote with a hole cut out so he could see was a 15 lb rooster. I could go on for an hour about the stories he told us, the pictures he

showed us, and all the very competent answers he had for all our questions. He told me, “I am very hard of hearing, that’s why I have the rooster, nothing gets past him”. This statement was so true, the rooster answered with a loud crow every time I asked a question. I asked about him seeing a doctor, he refused, told me his last doctor’s appointment was in February 2004, for prostate cancer. I asked him about hearing aids, he said he’d like to have something so he could hear better on his phone so he could talk to his sisters, who live out of state, but he didn’t want hearing aids. I asked about food, he said he knows how to shop for food and buys only what he likes, and his favorite thing is chicken noodle soup, which I also thought was funny being he has a guard rooster he had an answer for everything I could come up with. He told me that the Bible says we are to be content with what we have, and he surely is content. I was able to contact our local phone company about an external speaker and a volume control phone.

- ❖ In February, I was contacted by LKLP, who told me about a man in the community who needed my assistance. He has MS and was at first wanting just help with medicine that his insurance wouldn’t cover. After meeting with him, it was discovered that there were plenty of other ways Kentucky Homeplace could be of assistance. He needed a new hospital bed and a home health care nurse as well as a new electric wheelchair. I was able to locate a new electric hospital bed for him, get him a resource to help cut the cost of his medication, and connected him with a program that provides waivers to help pay for home health services not covered by Medicaid. We are still in the process of locating a suitable electric wheel chair.
- ❖ In January I was able to help a client apply for and receive a medication that her insurance will not cover. If she had to pay out of pocket, it would have been \$300 a month for this diabetic medication. She was beyond happy when she got the call from her doctor’s office that she could come and pick up her three months’ supply for free, and that she would continue to get it for the rest of the year.
- ❖ I had an elderly woman come into my office with a severe toothache and needed attention as soon as possible. I signed her into the program and began looking at all possible resources to help her quickly. We tried a couple of different options for her with no luck. I had tried everything I knew to do to help her. So I decided to try one more thing, I went to have a talk with the local dentist here in town. I figured it was worth a try. He said he could give her a better price range once he looked at her tooth but figured it would be anywhere between \$80-\$120. He went ahead and worked her into his schedule a couple days later. I called the client back and she did not know how she would come up with the money but knew she had to make the pain stop. I received a call from the client the day of her appointment. You could hear the excitement in her voice when I answered the phone. The dentist here in town had only charged her \$15 to fix her tooth and the pain was gone.
- ❖ An older man contacted me 7 years ago needing help with glasses. This was one of my first home visits and I was truly a green horn. When I pulled up to the client’s home, his



driveway was graveled with beer cans on top of the gravel. All smashed and flattened out. I went on in for the home visit. Come to find out that this client had hurt his back from being a diesel mechanic for years and nothing was helping him with his pain. He could not afford all of his medications and was just left out there in left field with nowhere to turn. From that time to now, the client was sent to the right doctor for his pain; Kentucky Homeplace helped him get his medication through Patient Assistance Programs and talked to him about his health. He now is a nondrinker and is taking all medication that is prescribed to him and is feeling better and has a whole new outlook on life. Recently, he was sent to Remote Area Medical in Grundy, VA where he had 27 teeth extracted/cut out. He called the office today for a small problem with one of the roots or nerves in his mouth. We are trying to get the proper doctor to see him for this as of now, but before we hung up he said "Thanks, I don't know where I would be if you hadn't have helped me like you have. I feel so much better and my life is turning around for the better. I never knew I would feel this way again." He has met a woman and is going to get remarried soon and he couldn't say enough nice things about KHP. I am glad we could help him.

- ❖ I have had so many new clients touch my heart. Some clients call just to talk and check in. I am not only here to help them with their medical needs but also here to listen. I have found that some of my clients just need someone they can talk too, to be their shoulder to cry on. I have experienced so many things and situations; you never really know what people go through. A woman came in for help with medication and she had been having a very rough time. She recently lost her husband and was really struggling financially. She also recently found out she has diabetes and thyroid trouble. She is now on insulin 3 times a day. Her insulin cost her almost as much as she makes a month. After long phone calls with the social security office and after being denied extra help with Medicare D, we finally found a solution. I still do not have her medication, but it is in the works. She thanked me and said that I have helped her be a little more stress free now that she knows someone is here to help her. I have become attached to all my clients, I get to encounter some of the sweetest most humble people, and that is why this job is such a blessing to me.
- ❖ I received a call from a local pastor saying he just had a call about a homeless man that had been sleeping on the benches of convenient stores in our community. He stated they were going to put him up at the church for the night but requested I meet with him and the client in the morning to see what I could help client with. I met with client the following day and after the Kentucky Homeplace interview process, I found that he wasn't only in need of shelter, but was in need of a doctor's appointment, medication, haircut and shave, health insurance and much more. I spoke with the pastor and he was willing to transport client to appointments for the day. I immediately got on the phone and began calling agencies that would work with us on barriers the client was facing. First, I was able to get him an emergency doctor's appointment (he was very malnourished, elevated blood pressure, some breathing difficulties and anxiety/depression issues). Second, our local hairdresser gave him a free haircut and shave. Third, a local church paid for the medication he needed. Lastly, I went to the DCBS office with him to begin Medicaid and was able to work with

them in getting him into a shelter for now. About a month after all this the client now has his own furnished apartment, has a mailing address so he can get SNAP benefits and begin using public transportation. Kentucky Homeplace got charities and local churches to donate clothing, household items, hygiene items, paper goods, food and much more. Needless to say his life has been turned around for the better.

- ❖ A client came into office needing assistance with eyeglasses, he had no insurance coverage for this. During the enrollment process, I found client was also needing assistance with dental, housing repair and a new brace for his right knee. I immediately made client an affordable dental appointment with sliding fee scale dentist, completed a charity home repair application and sent it in for client, contacted medical equipment pharmacy store and had them fax me pictures of knee braces available and the client chose one he thought would support his knee better. Faxed a letter to client's primary care physician explaining the client feels the elastic brace he has does not work for his reconstructed knee and needs better support, along with a picture of the brace client chose and asked the doctor if he thought this brace would work.
- ❖ A lady called for an appointment for insurance. She was a middle aged, non-smoker, healthy individual. Due to family history of colon related issues, she was concerned that she did not have any insurance. She is self-employed and her income is above the limit for free Medicaid. Not knowing where to go or if she would be eligible, she purchased a health plan on her own. The monthly premium was \$500 per month with a \$5000 deductible that had to be met prior to insurance covering anything; this was something that she could not afford. A relative referred her to Kentucky Homeplace and she called me. This was my first actual experience since the new changes went into effect for someone purchasing an insurance plan through Healthcare.gov. My client did not have any difficulty navigating the website and selecting a plan. She was eligible for a \$522 a month APTC (Advanced Premium Tax Credit) and also the CSR (Cost Sharing Reductions) if she chose a Silver plan. The overall process is very easy to complete. The plan she chose was a Silver plan, with a \$587.40 per month premium, once her APTC was applied, her monthly premium is now \$65.40 with a \$700 deductible.
- ❖ A man came into my office needing some help with his medications. He is a type 2 diabetic and his supplies were ridiculously expensive for him. Being on a fixed income, there was no way he could pay over \$600 for everything he needed. He went to the local DCBS office to get assistance in purchasing a Part D plan for his Medicare. They referred him to me, Kentucky Homeplace. I found that he was eligible for assistance with a few of the pharmaceutical companies to get his insulin and he was eligible for Low Income Subsidy, LIS. He had absolutely no medications to treat his Type 2 diabetes so I called a local clinic and they supplied him with everything he needed until I got him accepted through the pharmaceutical companies. They also gave him a glucose monitor so he can keep check of his glucose levels. The client is now receiving his medications free through the Merck

medication program. He is also receiving LIS for his Part D and now has a prescription plan that he chose on his own.

- ❖ A woman came to see me about getting assistance with her Medicare A, B and D. She was under the impression that she did not have any part of the Medicare health insurance and needed assistance on getting it. She had several medications that she needed and could not afford to pick it up at her pharmacy and she needed follow up appointments with her family doctor. After an hour of being on hold with Social Security, we were finally able to speak to someone about getting her signed up with Medicare. My client already had Medicare A and B but needed the part D plan to cover her prescriptions. She was unaware that she even had parts A and B and never received a card for it. The Social Security office suggested that I assist my client by creating an online account with Social Security so that she could look at her benefits in detail. Social Security also will be mailing her out another Medicare card to her home address. Together, my client and I created her an online account with Social Security and I showed her that she was indeed receiving Medicare A and B and would probably qualify for LIS to help pay for her part D plan. We applied for the LIS and looked at different options for her part D plan that would cover her medications. Once approved with the LIS, she will be able to pick out her part D plan and have her prescriptions covered through her prescription insurance. My client was grateful that I was there to assist her with Medicare and apply for LIS. She stated, "I would have not been able to do this on my own if you hadn't been there to help me."
- ❖ I always carry my Kentucky Homeplace business cards on me in case I was to ever need them for something. It does not matter to me what county I am in, or what county I serve, if someone needs assistance I will do my best to help them or direct them to a Community Health Worker within that person's area to help them. One particular day my cousin and I were out shopping and saw a homeless gentleman panhandling at our local Walmart. Now, I have heard stories that people who panhandle are usually better off than me, but who am I to take someone else's opinion and make a judgement of whether or not that someone needs help. There are people who do need help, and I am willing to help them if they want help. So, I walked up to the gentleman to speak with him and he told me his story. He was a veteran, who served many years for our country and found his way here to my hometown. A year or so before, his wife had been diagnosed with terminal cancer and they didn't have any health insurance to cover the costs of the doctor and hospital bills. He said that at first he had sold small household items to help pay for the cost but eventually in the end it came to selling both his car and home to pay for the medical expenses. Sadly, after all this, his wife passed away and his whole world came crushing down on him. He had no home, no vehicle and now his wife had passed, so he left his hometown and found his way to this county. I gave him one of my business cards to call me and told him I would assist him on finding a place to live, food and whatever else need he had. He came to my office and I was able to get him some food through our community Helping Hands. I talked with a woman with Volunteers of America, assistance for veterans, and she was able to get him a place to live in an adjoining county. A local clinic was able to get him some dental help as



well. I called to check on him and made sure he made it to each appointment. He was thankful that I was able to help him and point him in the right direction. It was an honor to be able to get the assistance this man needed in order to get back on his feet.

- ❖ Just recently, I was at a local adult daycare and sweet little lady came up to me to show me the glasses she had just gotten. I had signed her up for glasses and an eye exam through Kentucky Vision Projects. She was so proud to have new glasses and told me that she could see so much better. She is a diabetic and was in great need. It is stories like hers that makes me very proud of the work I have done for Kentucky Homeplace.
- ❖ I had a client that needed help with hearing aids; she had lost her hearing 10 years ago and could not afford to get new ones. When she came to her appointment, I went over the Hear Now Program and discussed all the eligibility requirements. Her sister was with her and told her that she would help with the cost. After a short time she was approved and received her hearing aids. She also needed new glasses so I enrolled her with Kentucky Vision Project and she was able to get her eye exam and glasses. She talked about needing diabetic shoes and I was in the process of scheduling a “Diabetic Shoe Day”, so she was also able to get her diabetic shoes.
- ❖ During a recent home visit, I found the lady I was visiting was elderly and confused. She stated, “I am getting bills but I don’t know why.” After looking further into this, I found out that she had lost her Medicare card so she had not been turning it in to any doctor’s offices etc. that she had been to recently. I called the Social Security office and got her a replacement card in the mail, (they said it would come in the mail in the next 4 weeks). I told her when it came in to give me a call and I would come back out and call the places that she had gotten bills from to get them to resubmit the bill with the correct insurance card on it. I also filled out a KVP form while I was there due to her glasses being bent and she cannot afford to get a new pair.
- ❖ I had a client come in to get help with insurance and medicine. I had our Connecting Kids to Coverage CHW come in and help the client and her family get insurance and I helped the client with her medicine. She was able to get Medicaid for the family and received her medicine. I also had a client that came in to get help with glasses. He had insurance that would get him the eye exam but he did not have the income to get glasses. He needed glasses to be able to try to get a job. We worked with New Eyes for the needy and was able to get him glasses quite quickly and he was able to obtain employment.
- ❖ My very first client is an elderly man from my county. His daughter called and asked if I could help him get hearing aids. He was recently widowed and not adjusting well to having lost his wife and constant companion of over 60 years.

He is very soft spoken. He was trying to take care of his great-grandson one day a week to help keep his thoughts off his recent loss. She thought getting hearing aids would help him since his hearing had been terrible for years and was not able to hear conversations going on at family dinners. She said it was very sad to see him sitting alone. After contacting his family doctor, I was able to get a hearing evaluation scheduled through Lexington Hearing and Speech Center. We submitted the application through the Hear Now program and he is very excited to go for his last visit and get his hearing aids. He called and thanked me for helping him. I feel honored to have been able to help him have a better quality of life and to see him smile again.

- ❖ I have been working with a woman that is taking care of her grandchildren. She cannot afford to purchase her medicines and food for the family. This has been an ongoing problem for many of clients during the past years. It takes everything they have to keep the bills paid without losing their home. I have worked with her on getting help from the Cabinet for Families and Children, RX Outreach to get low cost medicines and KPAP to help with medicines. It is difficult to help some because they have the Medicare D and they have to be in the gap before I can help with medicines. They are coming back on a regular basis to check on getting help because the Insurance Companies are changing the Levels to make it difficult to get medicine without higher co-pays. I have had to call to check on getting a tier exception so she could get her Insulin because the insurance did not want to pay for it.
- ❖ I had a new client come into my office for help with eyeglasses. While she was here, she began discussing how sick her husband was and how hard it was to afford all of the medication they were both taking. I asked the client to make me a list of medications for herself and to bring those back to me. The client came back on the same day with the medications and I was able to get her most expensive one (Januvia) free. A huge financial burden was lifted for her that day.
- ❖ A new client to be had her son come into office to check and see if KHP had a program for dentures. I told him that he needed to make appointment for his mother and we could discuss her options. He went out to his mother who was waiting in their van and told her what I had told him and she said she'd make an appointment. The appointment was made and when the new client was being interviewed, I asked her what happened to her teeth. She said when she was in the hospital last year and went into surgery, the surgery nurse took them and she never got them back. She was moved to ICU straight after surgery and the dentures were to follow, the son said they asked about them several times before they left the hospital and tried numerous times after and nobody would help them. He finally got ahold of the Head Nurse for the ICU at this hospital; they said that if they did not log it in as her belongings before her surgery then she never had them. We continued the interview and finished enrolling the new client. I told her of the programs the KHP had to offer, quoted the cost of dentures, and I also asked the client would she give me a chance to work on this. No promise, but anything is worth a try! She said, "I've went this long why not."

I really did not know where to start but I knew that a hospital just can't lose a person's belongings and not have to stand good for it. I contacted the care coordinator for the hospital who said she would check into it and get back with me. The care coordinator gave me the contact person's name and number. I called and had to leave message. He returned my call and said he had spoken with the son and care coordinator and had thought this issue had been put to bed. I told him no not yet. He called KHP several times to discuss client's issue with her dentures saying this is not their problem or place to keep up with a person's belongings, but he would check with the ICU nurses to see if they might had put them up or if they might be at one of the nurse stations. Said he would call back. Returned call still no dentures. After we had discussed client's dentures and how they might have lost them, he said he was not sure she even had them when she was admitted to the hospital since the emergency room did not log her belongings in when they checked in. Finally, he said let me call you back in a couple of days I need to talk to ICU Head Nurse.

He called back to ask if KHP had program for dentures; he had been told we could get them reasonable. I explained the program, money due date, and service. Gave him the quote, he said he needed to talk it over with the ICU unit that takes care of this stuff. He called back and said they agreed to pay for her dentures. He asked where to mail the check. I called the client and told her we got her dentures. She asked how much she was going to have to pay. I told her the hospital is paying the whole bill and she cried. She said her van broke down and was having other problems. The money they were saving for her teeth she really could use right now.

- ❖ I did a home visit with a client that needed help desperately but did not own a vehicle and was unable to drive due to multiple health problems. It was very difficult for him to get to a doctor's office. I was able to help him get signed up on Medicaid to add with his Medicare. By doing this, the Medicaid pays for him to ride public transportation so that he can have some type of transportation and feel more independent. Also, he is able to get the medications that he needs.

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