UNIVERSITY OF KENTUCKY

Kentucky Homeplace

April 1 – June 30, 2018 Quarterly Report



The Helen Lewis Award is given to an individual or an organization that has made exemplary contributions to Appalachia through involvement with and service to its people and communities. On April 6, at the Appalachian Studies Association Conference in Cincinnati Ohio, Kentucky Homeplace was awarded the 2017 Helen M. Lewis Community Service Award. Elizabeth Smith (right) and Rita Owsley (left), Kentucky Homeplace Community Health Workers, accepted the award.

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

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.

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Kentucky Homeplace

The second quarter of 2018 marked the end of the fiscal year which was a very successful one for Kentucky Homeplace. The Community Health workers have been conducting Chronic Disease Self-Management Program (CDSMP) workshops and Walk with Ease (WWE) in their communities and thus far this fiscal year we have had a total of 352 participants attend at least one session of CDSMP with 272 attending at least four sessions. This is a 77% completion rate. A total of 327 individuals participated in WWE. In addition to conducting the workshops above, the community health workers have been working with clients addressing a wide variety of unmet needs as evident in the following report.

All CHWs attended a two-day Application Assistor training during the month of June and are now prepared to assist their clients in that capacity. Kentucky Homeplace staff are looking forward to serving those in need in their communities and are prepared and trained to do so. Please take a moment to review the client encounters at the end of this report to learn more about the good work Kentucky Homeplace does for the citizens of Kentucky.

The program serves 30 rural counties in the eastern portion of the state and is currently staffed with 20 full time CHWs (two vacancies exist). 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 April 1, 2018 – June 30, 2018, the CHWs provided services for 1,945 clients. CHWs logged 5,357 hours on care coordination activities with a service value of \$100,015, amount of medication accessed \$1,448,178 and other service values (not medications) accessed were \$724,095 for a combined total of \$2,272,288.

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

Sincerely,

William Mare Baker

William Mace Baker, RN Director, Kentucky Homeplace Program



Program Activities

April 1 - June 30, 2018

Kentucky Association of Community Health Workers

The majority of Kentucky Homeplace (KHP) staff attended the Kentucky Association of Community Health Worker (KYACHW) meeting in Morgan County on June 11.

KHP staff member Kathy Hamilton has accepted the position of Treasurer.

Community Engagement Activities

The following is a sample of events attended by Kentucky Homeplace Community Health Workers (CHWs) this quarter:

ARH Youth Summit, Bath and Menifee County Wellness Coalitions, Lawrence County Child Abuse Preventions event, Big Sandy Diabetes Coalition, Leslie County Early Childhood Summit, Rural Health Symposium-Morehead, Cost of Poverty Experience-Morehead, Tom Collins UK Colon Cancer Research focus group-Hazard in addition to a host of other events such as interagency meetings, diabetic coalitions etc.

CHWs assisted with the following events:

Operation Bobcat, Remote Area Medical, All eyes on Appalachia free eye care clinic, Lawrence County Diabetes Healthy Living class.

Conferences attended:

Rita Owsley and Elizabeth Smith accepted the Helen M. Lewis Award on behalf of Kentucky Homeplace at the Appalachian Studies Association Conference.

Pollyanna Gilbert, Judy Bailey and Angela McGuire attended the 70th annual Kentucky Public Health Conference.

Professional Development

Kentucky State Police Communications officer James Ferrell presented a training on home visiting safety at the quarterly KYACHW meeting.

Webinar Trainings:

Connecting Students to Coverage this Back to School Season

CHW Trainings

Kentucky Homeplace CHWs completed the Kentucky Health Application Assister Training in June.

Samantha Bowman completed the Breath Easy tobacco cessation six-week training.

Other News

Two current vacancies in the Boyd/Greenup and Jackson/Laurel positions.









Activity Summary

(Clients visited: 4/01/2018 - 6/30/2018)

Activity	CHW Hours
Agency Contact	2,218.17
Client Correspondence	14.33
Education	606.73
Follow-up	622.87
Recruit	77.57
Survey	2.25
Travel	90.48
Workshop	1,724.38
Grand Total:	5,356.78



Total service value for 5,356.78 hours equals \$100,011.08



Visit Summary

(Clients visited: 4/01/2018 - 6/30/2018)



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



Hospital-ER Summary

Episode Type	Reason	Episodes	Days Stay
Emergency Room	Chronic Disease	6	0
Hospital	Chronic Disease	15	57
Hospital - Observation	Chronic Disease	3	0
Emergency Room	Injury	4	0
Emergency Room	Non-chronic Disease	5	0
Hospital	Non-chronic Disease	4	17
Grand Total:		37	74





Age Gender Summary

Age Group	Female	Male
Ages 00 to 04	25	22
Ages 05 to 12	20	26
Ages 13 to 14	3	7
Ages 15 to 19	10	12
Ages 20 to 24	21	20
Ages 25 to 44	153	147
Ages 45 to 64	427	354
Ages 65 to 74	285	203
Ages 75 to 84	99	76
Ages 85 and over	22	11





BMI Category Summary

Gender	BMI Category	Clients
Female	Normal	398
	Obese	429
	Underweight	12
	Total:	839
Male	Normal	342
	Obese	325
	Underweight	10
	Total:	677
	Grand Total:	1,516





Insurance Summary

Insurance Type	Clients
Medicare A	867
Medicare B	766
No Insurance	413
WellCare	280
Medicare D	197
Humana	171
Medicaid	164
Anthem	102
Private	95
Aetna	68
Passport	49
Medicare F	19
Veterans	4





Poverty Level Summary

	100%	101-133%	134-150%	151-200%	201-250%	251-300%	300Plus%	Total
Clients	1,106	290	119	287	99	23	21	1,945





Education Level Summary

Education Level	Clients
Never attended school	50
Elementary	309
Some high school	418
High school graduate	789
Some college or technical school	283
College graduate	93
Refused	3
Grand Total:	1,945





June Staff Meeting at Cave Run, Kentucky





Kentucky Homeplace CHWS Angela McGuire, Pollyanna Gilbert and Judy Bailey representing KHP at the 2018 Kentucky Public Health Conference.

Pictured left to right are Mace Baker, Director Kentucky Homeplace; Ernie Scott, Director Kentucky State Office of Rural Health; Beth Bowling, Rural Project Manager; Angela McGuire, CHW; Pollyanna Gilbert, CHW; and Judy Bailey, CHW.





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









Client Encounters

Actual Situations Encountered by Community Health Workers

April 1, 2018 – June 30, 2018

- I had a new client come in for an office visit who was referred by a friend and accompanied by his spouse. The client needed assistance with prescriptions not covered by his MCO. I enrolled the client and began program assessment. During health measures assessment of the enrollment process the client's BP was taken. The client's BP registered extremely high after checking twice. My office is located inside a rural health clinic. I walked the client over to let the clinic nurse to check his BP for a second opinion. Client's BP registered extremely high there as well. By this time, client's face was red flushed, client complaining of light-headedness and chest pain. The client was immediately seen by a provider there at the clinic and transported by ambulance to nearest hospital. After many tests at the hospital, client found out he was experiencing heart complications and was admitted to the hospital. I'm happy to report client is now under a cardiologist's care and is doing well. The client's wife later came back to office to thank me and we finished client's assessment and MCO was contacted about access to medication barrier, PCP was contacted for PA approval for medications and client was in need of eyeglasses and assisted with eyeglasses for her.
- A retired school bus driver came to the office looking for help with his medications, he uses insulin. He had insurance through the county since he retired. When he turned 65 everything changed, he went to the pharmacy and they ran his prescription refill his insulin alone will cost him over \$500.00. He said he simply didn't have the money and would have to ration what insulin he has left until the first of the month. I called his doctor to see about samples to buy a little time. I completed the PAP forms needed and faxed it to the doctor's office with a note for the nurse to please fax it to the company as soon as it was signed. I was able to find him a month's supply of insulin, but this won't fix the problem, he has to spend \$1000.00 out of pocket in order to qualify for assistance with medication and he simply don't have the income to be able to do this. He does not qualify for extra help with Medicare because he draws just a few dollars too much. It is a sad situation, this gentleman has worked all his life, hauled our precious children for 35 years and it has come down to this, pay his bills or buy insulin.
- I had a Chronic Disease Self-Management workshop in one of my counties and I had particular participant stand out to me. She had several chronic diseases and was very down about not knowing what to do to help herself. She was very interested during the entire workshop and did not miss even one class. She was always asking questions and seriously wanted to learn how to be a better self-manager of her Chronic Disease's. We enjoyed her being a part of the workshop so much. Towards the end of the 6-week course, we had them write a letter to their health care team. They did not have to give it to them if they did not want to. She insisted that the other leader and I both read the letter. She had said in the letter how much the workshop had helped her. From being a more positive person all the way to working more closely with her health care team and not being afraid of asking them questions. She thanked us for taking out the time to teach them the workshop. She said every area needed to have a Chronic Disease Self-management workshop because it could help so many people like herself.
- I received a call from a young woman wanting to ask about the programs we had for dental. She needed assistance with dentures. I explained the program we have for low cost dentures and made her an appointment with me for the following week. She came in to her appointment right on time. We began talking a little and she went on to tell me she had a rough past with a drug addiction history. She had been clean almost a year and was trying to get a fresh start on life. She had started looking for jobs and did not feel like she had the confidence she

needed to work in public without her teeth. We enrolled her into the program, called that day, and made her appointment to get a complete set of dentures. She could not hold the excitement in that she was finally getting teeth back. Around a month later, she came into the office with a big beautiful smile on her face. She said she could not thank me enough for helping her start building her confidence back and for not judging her.

- This quarter I have worked with many clients with many different needs but one client that stands out to me the most is a client that was in need of hearing aids. When this client first came into my office, he was only seeking help with insurance. I noticed during the initial interview that the client seem to struggle to understand me and would watch my mouth as I spoke to him. I asked the client if he had trouble hearing and he answered yes. I asked him if he had ever tried hearing aids. He answered me quickly telling me that he can't afford them. With the client being low income I discussed with him the different options that were available to him. After contacting several places, working with his doctors and getting him transportation. I was able to help this client receive expensive hearing aids for less than \$300.00.
- I had a client come into the office accompanied by his dad. He was referred by a local church. The client had been getting Prescription Assistance Program help through a for profit organization that was charging client \$78.00 a month for their services. After enrolling client in Kentucky Homeplace Program, I added client to KyPAP, completed Prescription Assistance Application and mailed to client's primary care provider for review, edit and signature. I received PAP application back with PCP review and mailed to prescription assistance company. We were able to get client's medication free through Shire Cares PAP at no charge to client. Client stated he had been having difficulty paying for his spouse's health insurance and could now use the \$78.00 a month he's saving to pay toward his spouse's health insurance.
- I have had a client for a few years now who recently got his Medicare coverage. I have helped him in the past to get his diabetic, blood pressure and cholesterol medications. Now he has insurance that helps him with his meds. Last month he was able to get a new set of glasses free of charge. A few weeks ago, he came to a diabetic shoe clinic I had hosted. He is a humble man and he came back in my office today and sat down. I asked what is going on today and said "You act like you have something you want to tell me?" He leaned over and said, "When you help me the way you do, is that taking from anyone else?" I said, "No, you are my client and if I can offer a service to you I will." He continued, "I just feel like you have done a whole lot for me lately and I just didn't want to take from someone needier." I giggled and reassured him that that was not happening. But with all of this, it just hit home when he left my office. I don't feel like I do enough to help some of my clients but this was a good reassurance that the ones that I do service feel grateful and appreciative. This is just one of the side rewards for being a CHW. I love my clients....
- A woman came into my office to see me. Her family are all clients of mine and they had convinced her to come in and see if Kentucky Homeplace could help her. She needed assistance with medication. During the interview process, I found that she needed an eye exam (it had been several years since she had received one) and diabetic shoes. We were able to get the applications started for the medication and I scheduled her for the upcoming diabetic shoe day. UK optometrists were putting on an All Eyes on Appalachia in May and the client was able to get into that day and get a thorough eye exam and a referral to a specialist for cataracts, that otherwise would have gone undiagnosed.



- A client contacted me again after seeing me at a health fair, where I had told her about an upcoming Chronic Disease Self-Management Workshop that was about to start. She is a diabetic and suffers with some chronic back pain. The client went through the six-week program, and at the end she said that she felt like she had gained many tools that can help her, especially tips for weight management and remembering her medications. She was eager to know about any other workshops that I had coming up.
- I had a couple come in one day both in great need of dental assistance and they were on a fixed budget with no options of dental help through their MCO. After speaking with them both and getting an understanding of how they would benefit from getting partial plates (from not only a health standpoint but also a social one), I submitted a nomination for them both to receive partial plates from a volunteer organization that comes in each summer from Florida to Eastern Kentucky. They were approved for assistance and together only needed to provide a \$50 lab fee for the services. This husband and wife have been long time clients of KHP and they said they did not know that KHP did this. I told them we do a lot of things, but our main goal is keep you out of the hospital and off the street! I followed up with the couple and he has already been approved and received at the doctor's office his first month supply of insulin. That is a savings of \$2,800.00!
- A man was referred to me that did not have any heat except a gas fireplace. He was elderly and his wife had passed away 2 months prior to him coming into my office. His heat pump was no longer fixable. Some of the men from his church had tried to help him and they got him a tank of propane to use for the fireplace. I found a source and helped him with the application to apply. It took about a month to get approval. They came in and changed all his lightbulbs, changed his showerhead, and gave him some extension cords that turn off when not in use and installed a brand new heat pump. He has thanked me several times and told me that he never thought he would ever have another source of heat. He says he still cannot believe that someone helped him.
- I had a client that came in that was working and didn't have insurance. His employer didn't offer insurance and his wife's employer's insurance was too expensive to add him onto her plan. He and his wife had recently relocated from another state and he didn't have a medical home here in Kentucky. His household income was above the limit for Medicaid so he wasn't eligible for that coverage and he couldn't afford to purchase any through the state exchange and he needed inhalers to treat his asthma. He stated that he had been using an old inhaler that had expired to get by. Where he didn't have insurance, he would be a self-pay for the doctor's office. I gave him a list of doctors and specialists to consider, about a week went by and he calls me on the phone. He saw a specialist who prescribed the inhalers he had previously used. We discussed what I needed to access the medication; he had everything for me. His wife would drop it off. I faxed application and prescriptions into the patient assistant company and I had an approval confirmation within 24 hours.
- While conducting a Chronic Disease Self-Management Workshop at a local Senior Citizens Center, one of the participants came up to talk with me to get help with glasses. She was having a lot of trouble with her eyes and being on a fixed income, she could not afford going to the eye doctor without help. I was able to get help for her through Kentucky Vision and was able to get an eye exam where she found out that she had a bad infection in her eyes. I assisted her with getting antibiotics and glasses. She is now doing much better. During another Workshop, a participant discussed needing help with hearing aids. I helped her fill out her application for Hear Now and she is waiting on those hearing aids. She is looking forward to being able to hear again. The workshops help us get the word out about the services we offer.



The beginning of the year I was referred a client from a local Dialysis Clinic. He currently receives treatment three days a week for the remainder of his life. With his request, he was interested in hearing aids through our Hear Aid resource. Naturally, I made him an appointment after making sure that he met criteria for the program. After enrolling him in Kentucky Homeplace I realized he was past due for an eye exam and needed glasses. His pair of glasses was 5 years old! My client was a diabetic, so we helped him with a free pair of diabetic shoes too. He was not aware he could even get a free pair. That is what I love about being a Community Health Worker, especially with our database. We see the need of our clients and go above and beyond to exceed expectations!

In the midst of a couple of trips out of town to start his hearing aid process, we delivered his new glasses from one of our resources, which is glasses for those in need. He also received a nice pair shoes with three inserts, from another resource that we work with. Finally, after filling out his packet and getting everything ready for his hearing aids he called to inform me that he had his appointment to get his hearing aids. The following week he called to thank me and let me know that he was sitting on his porch listening to the birds that he had not been able to hear in years. He was so happy! It was such a pleasure to be a part of something good. Also to know that my client was not only blessed by one of our resources but several. He will forever be grateful for Kentucky Homeplace!

- I had a gentleman come in and see me to get assistance with partials. He had several missing front teeth. He didn't have the full amount of money to pay for it and didn't have any family that could help him. He had previously gone to another facility and had his dental work done, all he had to do was pay for them. He had come to me and asked if we had any programs that could help him pay for them. I was able to find him a resource in our town that could pay 200.00 on his partial but he would be responsible to pay for the remaining balance. He couldn't afford to pay much, but he was willing to help himself as much as he could. After speaking with both the resource and the dental facility, after my client paid his part the dental facility wrote off the remaining balance. My client was able to receive his partial denture and was so thankful that I and these other resources were there to help him.
- I had a lady call me and requested a home visit and needed assistance with medications. She had lost her Medicaid insurance and was not able to purchase any of her medicines because they were so expensive. She had been two months without Medical insurance, was on her last bottle of prescriptions, and she couldn't afford to go see her family physician. After assessing my client, and listening to her story about how she lost her insurance, I learned that she should have not lost her Medicaid insurance and that she was not eligible to receive Medicare. I called in and found that someone had made an error in her case, instead of renewing her Medicaid case, they had accidently enrolled her in the QMB program. We were able to go into her case, reenroll her in Medicaid insurance, and stop the QMB benefits. After straightening up her insurance case, I called her doctor and explained how there was a mistake on her case and that the doctor office can go back and put in a claim for the months charge and Medicaid would pay for it. The lady was very grateful to the help she received and I made her another appointment with me so that we could enroll her in QMB when she is eligible to receive Medicare benefits.
- I recently had an elderly lady who needed assistance with incontinence pads because her insurance would not pay for them and she couldn't afford to purchase them. Unfortunately, I didn't have any at my office to give to her. I requested help from other community health workers with Kentucky Homeplace. Everyone pulled



together and we were able to get her several packs of incontinence pads. Also, I was able to find a couple places online to print her off some coupons. My client does not have a smart phone; she does not have a computer either, so this was something that she was not able to do for herself. Every month I will go online and see if there are any more printable coupons that I can get for her so in case that we do not have any more pads donated, she can have a few dollars off her purchase. She was very grateful and thanked me for all that Kentucky Homeplace did for her. Sometimes it takes more than one community health worker to help our clients and we pull together as team to help our people. I am very thankful we work together as we do.

- I had a client referred to me by a local doctor's office. She had lost her Medicare B coverage due to nonpayment and hadn't signed up for a part D. She couldn't afford to have either. After going through her award letters, I determined that she was eligible for Medicare savings, which would cover her Medicare B and D premiums. We applied for extra help and will soon be applying for a Medicare part B and D plan.
- I was contacted by one of the Managed Care Organizations to see if I had resources to help someone find a shower chair or shower bench. The client was recently diagnosed with bone cancer. I called her home and spoke with her daughter who asked if I could do a home visit with her mother who was too ill to come into the office. I set up the appointment and went to the client's home the next day. After speaking with her and assessing her needs, we also found out that she needed help with adult diapers. One of my co-worker's had a shower bench available and I was able to get that and take it to the client's home. I have several donated boxes of adult diapers and was able to help her with a box of those too. She is doing well in her treatment and called and thanked me for helping make her life a little easier while she goes through this long journey of traveling and medical treatments.
- Several months ago a lady called the office asking about dentures, she said she couldn't afford them right then but wanted to see what her options were. She also said she had glued her old dentures back together and for now that would do. Just last week this wonderful, sweet lady called me back, a lot of things had changed for her since we had talked and she was ready to try and get new dentures. She told me since we had talked that her husband, whom had been very sick for a quite a while had passed. She cried and said things have really been hard for her since his death, but she is now ready to try and move on, and the fact that 2 of her teeth have fallen out of her denture is pressing her to do something. I told her about the process with that dentist. She was delighted, she said she could afford his prices and would get her friend to go along for the trip. I called the physician's office and the first appointment I could get was end of July. She told me I didn't beg hard enough to get an earlier appointment. She was very grateful and said she would come back to see me when she had her new teeth and would show off her smile.
- I have been working with clients that have Medicaid. Clients have now been able to get eye exams but can't afford to get the glasses. I have been working with several clients on getting their glasses. Often during the enrollment process, I determine they are having problems getting some of their medicines or have other needs. I have been able to assist with some of their needs and help with getting the medicines the insurance would not pay for.

I have been working with Clients on getting discounted Dentures and Hearing Aids. I have been able to help several clients to get Dentures and they are happy with the outcome. Hearing Aids has been a big help so the clients can hear their family better and be able to get out more. One of my elderly ladies called me after getting



her hearing aids and thanked me. She stated she was able to hear better than she had for years. This make my job worth taking that extra time to help with their needs.

- An elderly man came into my office seeking help with glasses. Upon interviewing him, I found he was in his 70's and did not have a regular physician nor had he been seen by a physician in years. When I asked why, he said it was due to the cost. This man has Medicare and was afraid he couldn't afford the copayment at a physician's office. I explained we had a clinic that worked on a sliding scale according to his income. I contacted the office, confirmed what his copayment would be, and scheduled him an appointment. We also got an eye exam scheduled for him that day. He did follow up with me in a couple weeks and said his blood work came back good. He was so relieved to know the status of his health and to receive the good report.
- I had a new client that was referred by her friend. She was very confused on her insurance and said she had several cards. After enrolling her in Homeplace, looking at her cards and calling social security, we figured out that she had an advantage plan that she was paying for without reason because not only did she qualify for extra help she was already receiving it with Medicaid. We dis-enrolled her from her plan that she wasn't using and saved her money each month. She was very grateful.
- Recently I was able to participate in a free eye care day in which people were offered free eye exams and 4 eyeglasses regardless of income. Prior to the clinic day, I spent some time calling everyone I knew that could benefit from the clinic, sending information and flyers to local schools and organizations. The day arrived and myself and three other community health workers came in that Saturday morning (on a typical day off for us) not knowing what or who we would see, not sure how many clients would come through the door. I enjoyed seeing each of them come in and seeing a community health worker there that they worked with on a regular basis and their reactions to them. One particular client of mine attended the eye clinic and he was one of the first people who signed up at my office to attend. He is a retired paramedic and firefighter. Most significantly, he had truly dedicated his life to his saving others. He found himself ill at one point in his life and complications caused him to be more sedentary. Although he is able to visit family and friends, his health and lack of income has left him without many things he needs in life. He has known for some time that his vision has slowly started to decrease but because he cannot pay for an eye exam or glasses, he has just completely avoided seeing an eye doctor. He made his way to the eye clinic that Saturday morning, traveling 30+ miles to get there regardless of how he would feel after the drive or how much gas it would take to get there he said it was his only chance. He came in smiling that day and got his prescription, thanking me a few times and left with an appointment to follow up with me that Monday. He was waiting on me when I got in that morning, 2 hours before his appointment time, we applied for a voucher for free glasses and he was instantly approved and selected a pair that he really like almost immediately after seeing the frames. A couple weeks later, his glasses came in and he made another trip to my office wearing his glasses to tell me it's the first time he has had a pair since he stopped working many years ago and that he had been wearing reading glasses in the meantime. He said, "I didn't realize I was almost blind until I started wearing my glasses today!" He was so grateful and told me that he volunteers some of his time helping veterans get to appointments and wanted to know if he could bring three of them in to see me and get enrolled to receive Kentucky Homeplace services.
- Another client attended the free eye clinic that day with even less income than the other client and even more struggles and barriers. She assured me she would be there if she had to hitch hike to the next county over. Her glasses were broken and missing pieces because at her last eye exam she couldn't pay for both glasses and her



exam. Two years prior so she had her lenses removed from the old worn frames and had them put into a pair of frames that she bought used from someone else. They didn't fit perfectly so she had to have a friend bend and modify them so that they would work for her. After her exam, she came in to have her pupillary distance recorded and the ophthalmic technician who was assisting with this repaired her eyeglasses enough that she could wear them again until we could get her a new pair. He did not charge her anything and she was so thankful for his help and that of the Community Health Workers. She came into my office to apply for her free eyeglasses and a referral to see a specialist about cataracts that she wouldn't know about if she had not came to the free eye clinic. I have also been able to assist her in other ways, with a hearing evaluation and even an application through Kentucky Commission for Deaf and Hard of Hearing where she has applied for an IPad. She wants to be able to look up and read information about her health and continue learning as well as be able to talk to her son who doesn't live nearby. She is also so grateful for the help of Kentucky Homeplace, University of Kentucky, and having the opportunity to get her free eye exam. She said that by going that day it has not only opened her eyes in a way that she can see again but that its helped her open her mind as well and know that there are people out there who do care and spend their days helping others.

I had a husband and wife come in for help with dentures. The wife was on Social Security Disability with SSI, while the husband had SSI only. Together they had a very low income. While doing the interview and assessment, I noticed the wife's insurance and that she paid for her Part D plan. I didn't say anything until after I enrolled both of them and then asked how long she had been paying for her prescription plan. She said, "When I moved to Kentucky things are different here – I called and had everything changed from Ohio to Kentucky. I called the Kentucky place where you get food stamps, can't remember the name, for my husband to get his insurance. They sent him his Wellcare card and he got his insurance for free. They told me I could get help with my B plan and gave me Medicaid, they sent me the card for my part D and how much it costed each month. I just thought that was what Kentucky did and that was the way it was, so I paid it."

The couple had another appointment so they had to leave. I told her I wanted to verify some things and asked if it would be okay to check and see if there was a reason she was being charged for her Part D plan – when she qualified for another state program. She gave me permission to check on whatever needed to be checked on to see if anything was wrong. I called Social Security first and asked if a person could have the extra help on their B plan but not apply for the Part D – the lady said she could check and she if she had ever applied for it. She checked and she had never applied, all she had to do was apply – and where she already had Part B taken care of she did not have to apply with the state.

I called the client and told her she needed to apply for the extra help with the Social Security office on the phone, or they would mail her an application. If she wanted to I could help her do it on line, she said let's do it online. We applied online and she said she would be happy to know that she would be getting that \$51.60 back in her pocket. She told me she had only be paying it out to the state for 2 years. That cost her \$1238.40 she said that may not be a lot to some people - but it took her and her husband months to save for their dentures and that money would have helped.

She would still be paying it out if it was not for KHP and see it on the award letter – because she does not go into the office for her assessments, they only call her. She does not have bank account so they do not ask for any proof of anything and it has always been the same, money in money out. Send in award letter and husbands proof income and nothing changes and nobody told them to apply – they did not read the colored letters that came in the mail only looked at the date that said call or send in by due date.



I told her as her Community Health Worker part of the job was to assist with the forms or the education in what needs to be done when this happens – it's not really anyone persons fault – it just needs to be taken care of and make sure it doesn't happen again. We educate them that all mail is important and that if something comes in if they don't understand what it is that they have received, call and make appointment and maybe it can be explained to them.

A client called and said she and her husband were having a bad time. They were short on money! She had to buy his insulin. It cost her \$400.00 plus and she could not afford it. It was buy the insulin and have him live or groceries. I told her she was going to have to get the insulin this month but I would work on the next month and work on getting a few doors opened. I asked her how much had they spent out on her husband's mediations for starters. She said she would have to call the pharmacy. I told her just to have them fax me a signed copy of it and we would start the application and add to it as it is applied to the cost that needs to be spent out of pocket. The total for that is 5% total income. So, she faxed me the information needed and I did the math. I called and told her she needed to get him in to the office to sign the forms and he would be approved for his insulin until the end of the year.

This client also has a diagnosis of dementia and I got them approved for hardship funds thru the Alzheimer's Foundation. This fund isn't just for Alzheimer's but to assist families with on-set Dementia or documented Alzheimer's. I called my contact person and told their story to them. She explained to me that six months ago that they sent out all their clients \$600.00. She said she would have to speak with the board members and get back with me. She called me back and my client was approved for \$250.00. My clients were so excited. He is also on dialysis and he has to go whether he wants to or not and gas isn't free.

Lastly, I needed to get this family some food and toilettes. I was able to come with four boxes of food donated to KHP with everything that 2 people could use for a month and cleaning supplies. I called this family and explained that KHP has some food and supplies if they wanted it, groceries and things not a lot but enough to hold them over. The wife said she had been so worried about how they were going to make it. Now some of the stress has been taking away. I told her she will be okay next month as she will be \$400.00 to the good.

My story this quarter is about a client that I access many prescription drugs for through pharmaceutical companies. The client is a 60 year old lady who recently lost her husband to cancer. This client had become very depressed and was beginning to take anti-depressants for her condition that just did not seem to work. While talking with this client one day in the office, I had suggested that maybe she would like being out in the work force. The client had never worked outside the home and felt that she would not be qualified for any kind of position. I made a call to the Big Sandy Community Action Program and talked with the lady that was over the senior citizen job training. The director was very encouraging and wanted to meet with her. My client was nervous about meeting with them alone so I went with her for support. The Senior Citizen Job Training Program was able to place my client in a job. She is very happy and feels that she has a purpose in life now. Being able to access and network with local organizations helped my client be able to get back to living.



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