

**UNIVERSITY OF KENTUCKY**

# *Kentucky Homeplace*

**January 1 – March 31, 2020  
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.

Picture taken while working from home in Perry County, Kentucky.

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# Kentucky Homeplace

My Fellow Kentuckians:

Spring is generally one of the busiest times for Kentucky Homeplace and granted this year is no exception. Currently, all Kentucky Homeplace CHWs have completed the CHW certification process offered by the Kentucky Cabinet for Health and Family Services. Many have done so by possessing years of experience and completing the necessary documentation and others who are new to the program completed the Kentucky Homeplace CHW training. Regardless of the route of certification, they all proudly display CCHW (Certified Community Health Worker) after their name.

This quarter began with business as usual and then took a different turn when COVID-19 affected the way we conduct our daily operations. As many of you may know, Kentucky Homeplace CHWs operate in various types of offices throughout the 30 county service area with 28 dedicated office spaces. These offices are located in a variety of buildings and even some in stand-alone spaces. Low or no cost offices are sought out in order to employ more CHWs instead putting money into real-estate. As a result of these unique working conditions and in order to keep our staff safe, the decision was made to have Kentucky Homeplace CHWs work remotely from home, effective 3/17/2020.

The CHWs have been working to adapt previous processes over to working remotely without a storefront. Their clients were used to walking into their offices often at times unannounced and having their needs met. Therefore, the last part of March has been a time of change. The CHWs are trained as certified assistants and are beginning to assist with the Presumptive Eligibility Medicaid enrollment assisting clients across the state. They have adapted many previous in person and paper processes over to electronic-paperless means with the help of the University of Kentucky Information Technology staff. Despite all of the challenges faced this quarter, the report below is a result of their endeavors to serve the people who are in dire need due to the current health crisis.

## **Quarterly Summary**

For the period January 1, 2020 – March 31, 2020, the CHWs provided services for 1,848 clients. CHWs logged 4,093 hours on care coordination activities with a service value of \$97,454, amount of medication accessed \$2,050,134 and other service values (not medications) accessed were \$951,558 for a combined total of \$3,099,146.

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. 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



# **Program Activities**

**January – March 2020**

## **Community Engagement Activities**

Several Kentucky Homeplace CHWs attended the Kentucky Association of Community Health Workers (KYACHW) board meeting in January via skype.

Mace Baker, Kentucky Homeplace Director and Janet Kegley, Rural Project Manager and Shirley Prater (CHW for Elliot and Morgan Counties) presented an overview of Kentucky Homeplace at the Gateway Community Action Agency board meeting.

The CHWs attended many community events, conducted diabetic shoe clinics and other activities throughout the service area in order to promote the services offered by Kentucky Homeplace.

## **Professional Development/CHW training**

Two Mental Health First Aid (MHFA) trainings were conducted in March with several CHWs in attendance. All CHWs are current on MHFA training.

March staff meeting was conducted via zoom and all CHWs were instructed on new processes regarding working remotely.

Due to COVID-19 the KYACHW quarterly meeting was cancelled. A training by the Kentucky Cancer Consortium was planned.

All CHWs attended a Care Collaborative update training during February.

William Mace Baker and Janet Kegley (Master Trainers in CDSMP) attended the 2020 CDSMP update training in order to train all CHWs in the new version.

## **Other News**

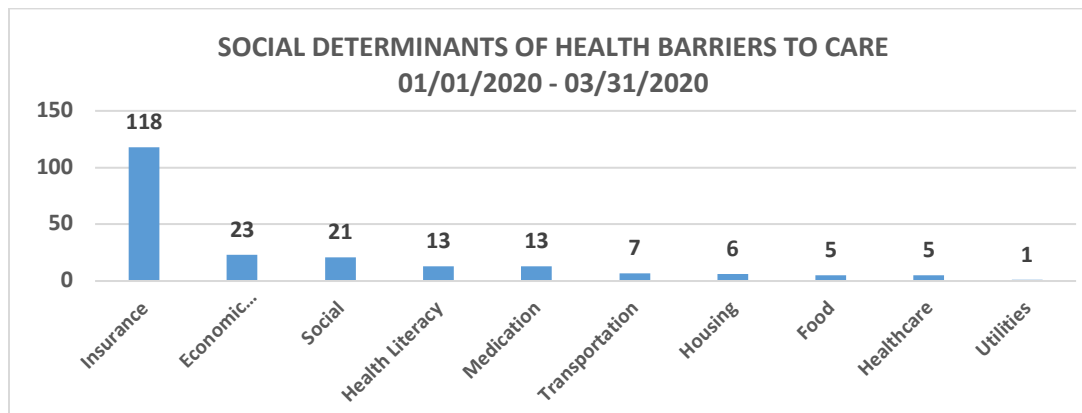
All current Kentucky Homeplace CHWs are currently certified by the Kentucky Department for Public Health. Michaela Williams (CHW in Knott County) has accepted a new role as a Rural Outreach Coordinator. She will be working with numerous training and professional development activities for Kentucky Homeplace, UK CERH and the community in general.

There is currently an open CHW position in Knott County.

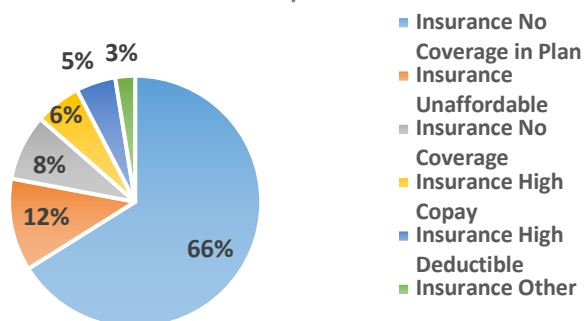
Due to COVID-19, CHWs began working remotely from their homes on 3/17/2020.

Preparations to have all CHWs assist with Medicaid Presumptive Enrollment began during the end of March; CHWs will begin assisting with this process effective April 2.

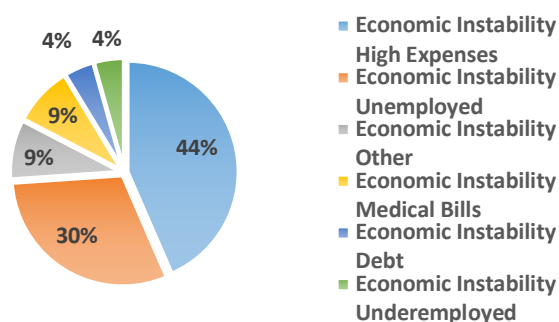




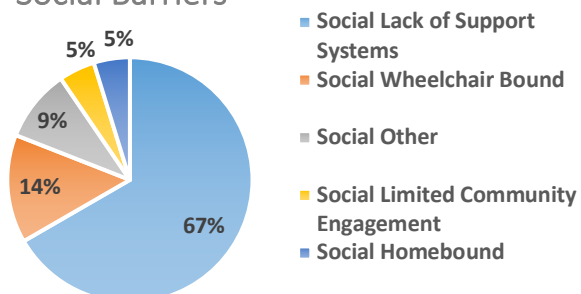
#### Insurance Instability Barriers



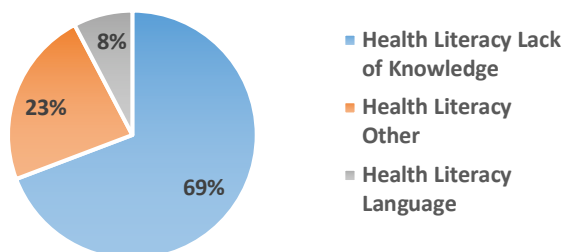
#### Economic Instability Barriers



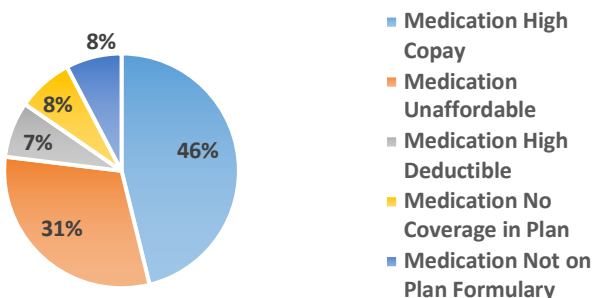
#### Social Barriers



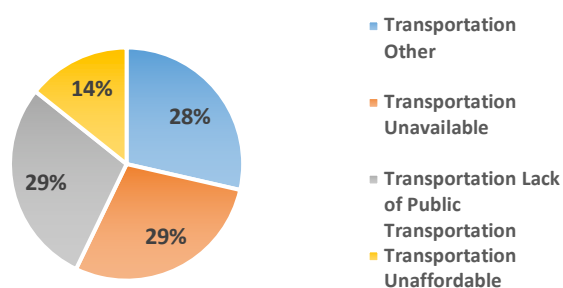
#### Health Literacy Barriers



#### Medication Barriers



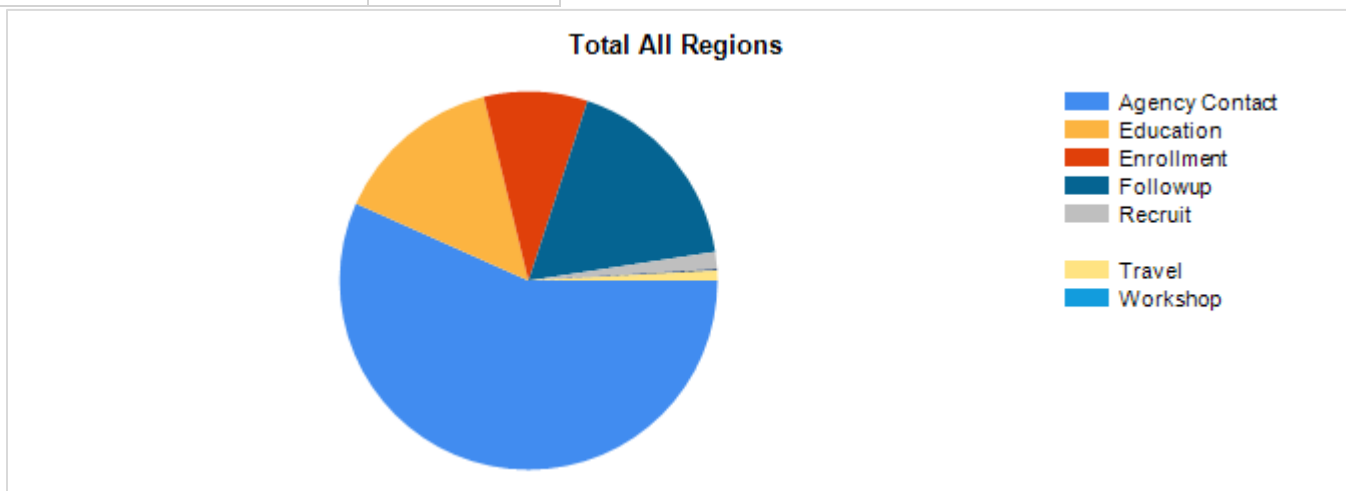
#### Transportation Barriers



# Activity Summary

(Clients visited: 01/01/2020 – 03/31/2020)

Activity	CHW Hours
Agency Contact	2,320.12
Education	593.95
Enrollment	363.00
Follow-up	716.42
Recruit	59.67
Survey	5.25
Travel	34.68
Workshop	0.33
<b>Grand Total:</b>	<b>4,093.42</b>

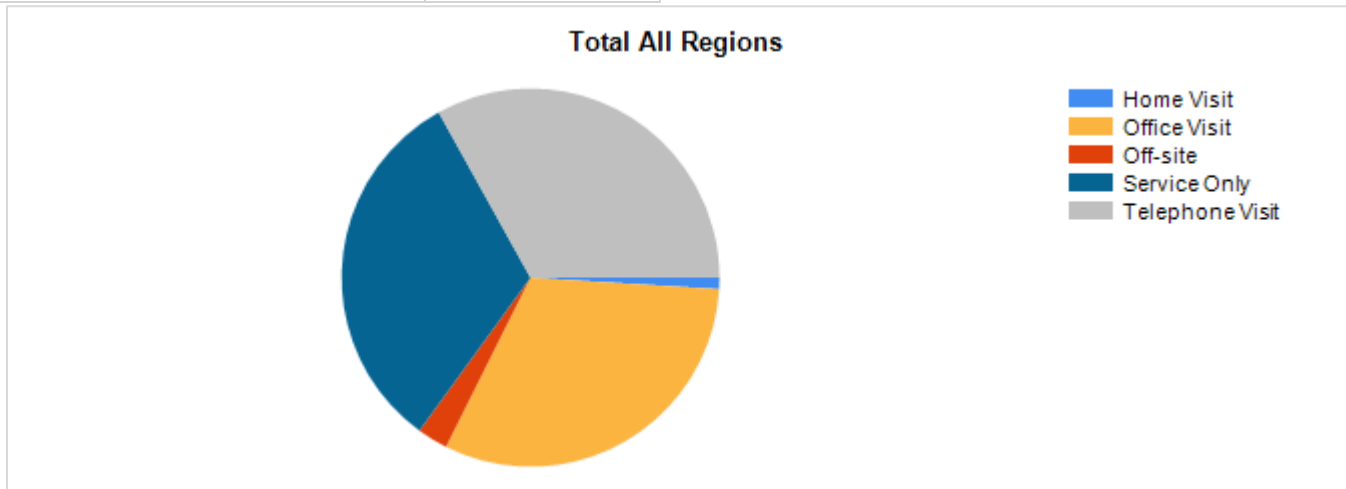


Total service value for 4,093hours equals \$97,454.33.

# Visit Summary

(Clients visited: 01/01/2020 – 03/31/2020)

Visit Type	Client Visits
Home Visit	49
Office Visit	1,576
Off-site	132
Service Only	1,602
Telephone Visit	1,660
<b>Grand Total:</b>	<b>5,019</b>

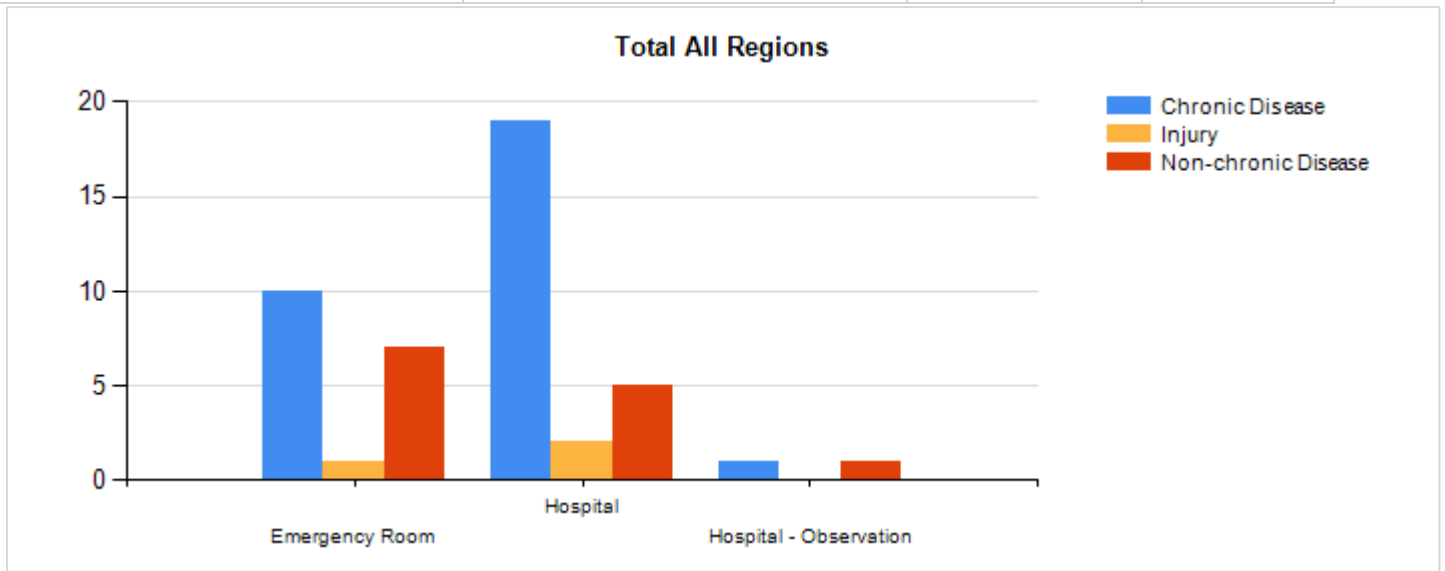


\* Service only involves any actions taken on behalf of the client while the client is not present.

# Hospital-ER Summary

(Clients visited: 01/01/2020 – 03/31/2020)

Episode Type	Reason	Episodes	Days Stay
Emergency Room	Chronic Disease	10	0
Hospital	Chronic Disease	19	83
Hospital - Observation	Chronic Disease	1	0
Emergency Room	Injury	1	0
Hospital	Injury	2	3
Emergency Room	Non-chronic Disease	7	0
Hospital	Non-chronic Disease	5	12
Hospital - Observation	Non-chronic Disease	1	0
<b>Grand Total:</b>		<b>46</b>	<b>98</b>

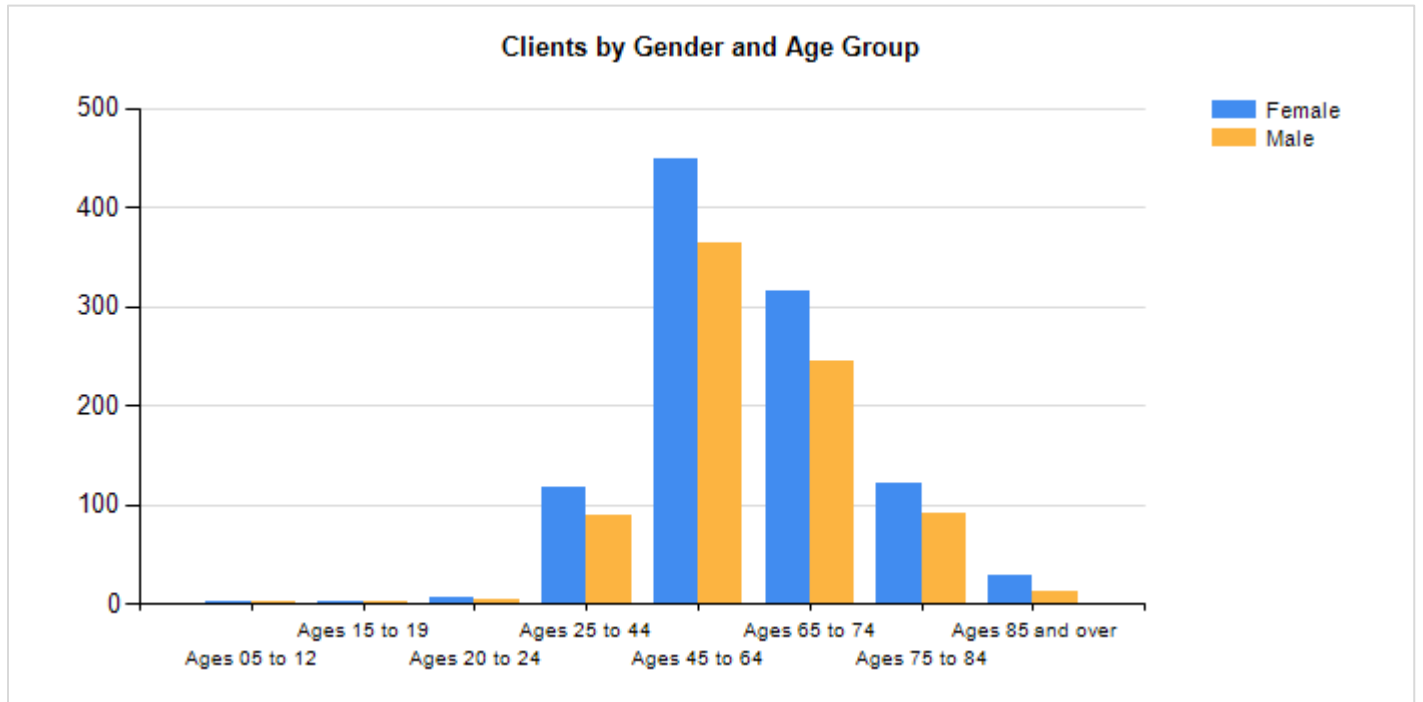




# Age Gender Summary

(Clients visited: 01/01/2020 – 03/31/2020)

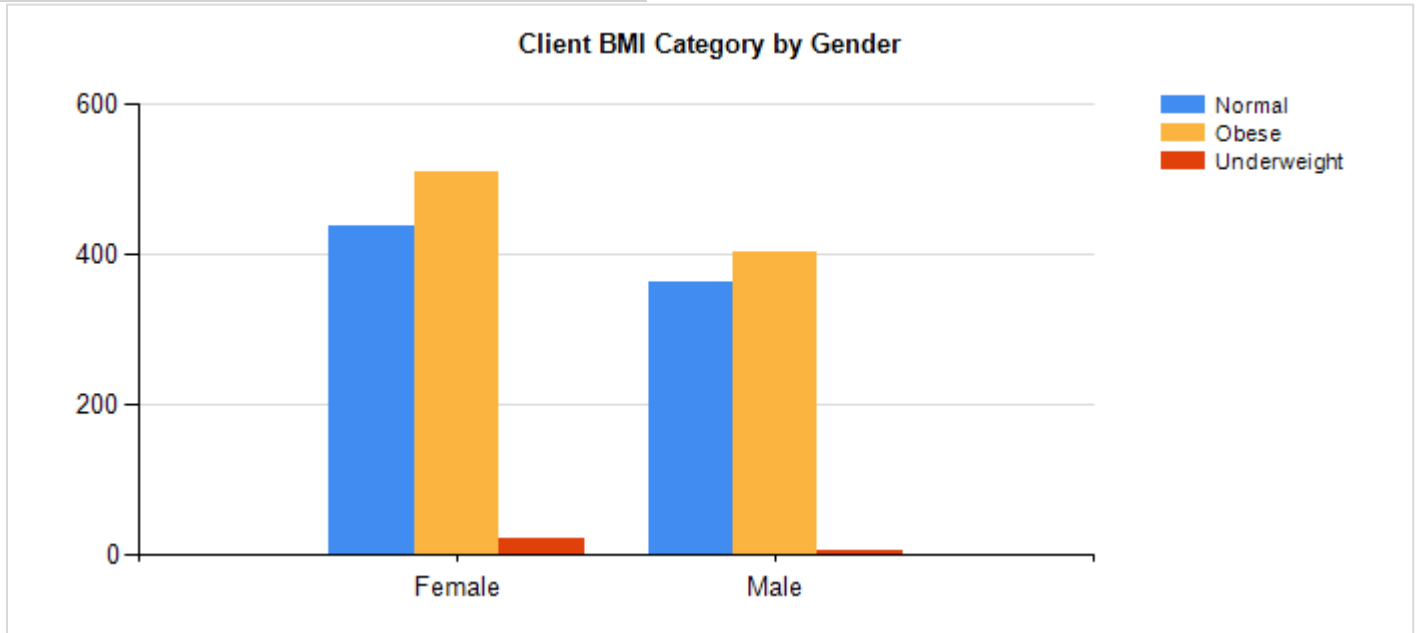
Age Group	Female	Male
Ages 05 to 12	1	1
Ages 15 to 19	2	3
Ages 20 to 24	6	5
Ages 25 to 44	117	88
Ages 45 to 64	449	363
Ages 65 to 74	316	245
Ages 75 to 84	122	90
Ages 85 and over	28	12



# BMI Category Summary

(Clients visited: 01/01/2020 – 03/31/2020)

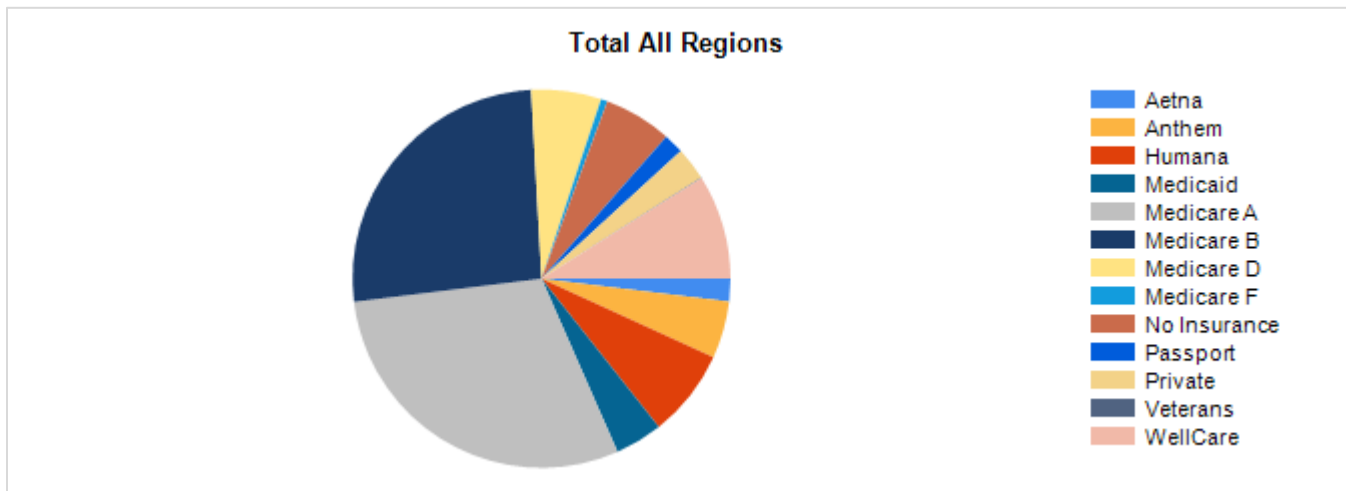
Gender	Bmi Category	Clients
Female	Normal	439
	Obese	511
	Underweight	23
	<b>Total:</b>	<b>973</b>
Male	Normal	363
	Obese	404
	Underweight	5
	<b>Total:</b>	<b>772</b>
	<b>Grand Total:</b>	<b>1,745</b>



# Insurance Summary

(Clients visited: 01/01/2020 – 03/31/2020)

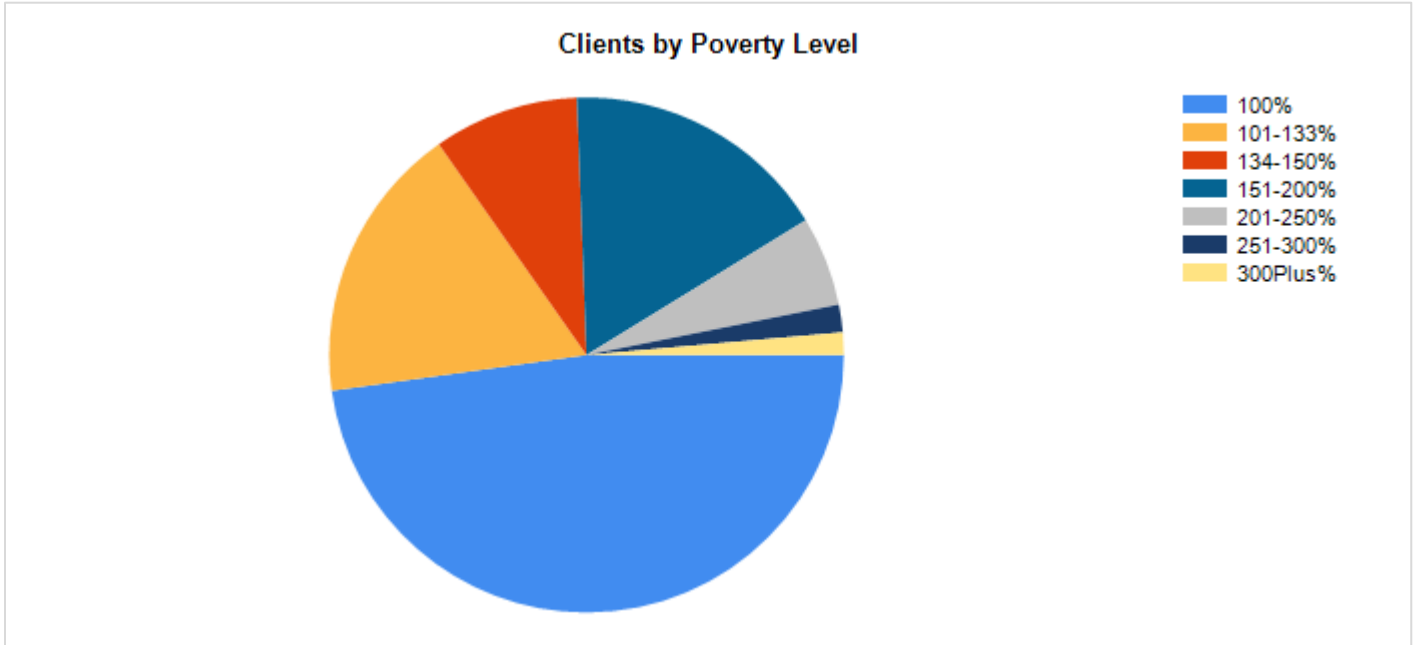
Insurance Type	Clients
Medicare A	967
Medicare B	851
WellCare	291
Humana	245
Medicare D	196
No Insurance	190
Anthem	160
Medicaid	133
Private	92
Aetna	63
Passport	56
Medicare F	18
Veterans	2



# Poverty Level Summary

(Clients visited: 01/01/2020 – 03/31/2020)

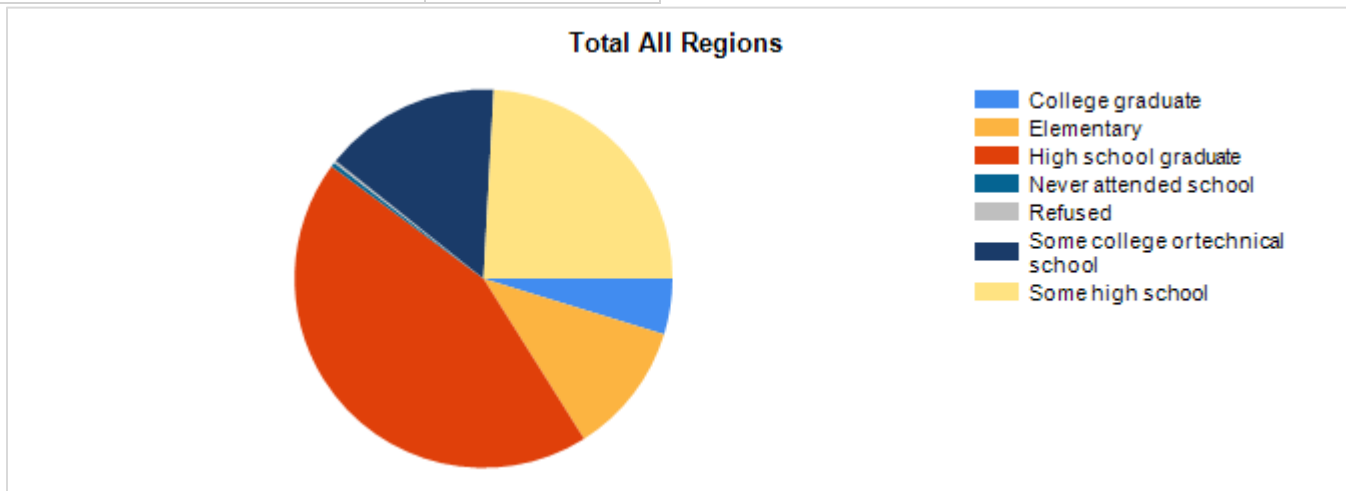
	100%	101-133%	134-150%	151-200%	201-250%	251-300%	300Plus%	Total
<b>Clients</b>	883	323	169	311	104	32	26	1,848



# Education Level Summary

(Clients visited: 01/01/2020 – 03/31/2020)

Education Level	Clients
Never attended school	7
Elementary	209
Some high school	446
High school graduate	814
Some college or technical school	280
College graduate	88
Refused	4
<b>Grand Total:</b>	<b>1,848</b>



## Kentucky Homeplace attending the MarchStaff Meeting remotely at home



Left to right: Anglea McGuire, Mace Baker, Judy Bailey, Janet Kegley, Shelly Menix, Kala Gilliam, Pollyanna Gilbert, Ladonna Roberts, Mary Bowling, Kimberly R. Smith, Ashley Gilbert, Samantha Bowman, Shirley Prater, Elizabeth Smith, Kim N. Smith, Kathy Slusher, Darla Shepherd, Amanda Goolman, Michaela Williams, Kathy Hamilton, Courtney Charles, Carole Fraizer and Katie Dampier.

# Mental Health First Aid Trainings



Training held at UK Robinson Center  
on March 2, 2020



Training held at UK Center for Excellence  
in Rural Health on March 11, 2020



Amanda Goolman, Community Health Worker,  
attended the Bath County Community Health &  
Resource Fair at the Owingsville Elementary  
School on March 5, 2020.





# Kentucky Homeplace

## 30 County Service Area





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




## Client Encounters Actual Situations Encountered by Community Health Workers

January 1, 2020 - March 31, 2020

 My story this quarter is about a client that I accessed many prescription drugs for through pharmaceutical companies. The client had 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 one of the organizations in my county and talked with the person that was over the senior citizen job training. The director was very encouraging and wanted to meet with her. 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.

 I had a client come to my office in January that had Psoriatic Arthritis. He had Medicare A, B and D. He is on an injection that costs \$16,000 every 3 months. His Part D copay is \$6,000. I worked with a pharmaceutical company and his doctor for weeks trying to get him help. The pharmaceutical company kept asking for more information. They wanted a determination letter, an EOB for part B, a buy and bill letter from the doctor saying that he did not buy the medication and then bill it, and lastly they ask for a waiver letter from the client and another one from the doctor. After some time and a lot of work, they finally approved the medication for my client. My client was so grateful for all the help provided to get this so needed medication.

 Just last week a friend had called my office with a much-needed referral for an elderly client. He expressed the concerns and needs for this particular elderly 100 % disabled veteran. It was evident that he was in need of a home visit as soon as possible due to being homebound. So I went for a home visit and interviewed the client to see all the needs and hear his story. He was flown to a hospital and stated that he had passed away twice and they brought him back. He had an emergency surgery due to a bleeding ulcer in his duodenum. Long story shortened he pulled through and was at the hospital for almost three weeks and decided he wanted to come home regardless of them suggesting that he needed to stay for rehabilitation to help him get back on his feet due to laying in the bed so long. He was not able to bounce back and walk. He stated he just wanted to come home.

In addition to after being home, he realized he probably should have stayed, not realizing the condition he was in not being able to walk. The hospital sent him home with an older walker without a chair. Being a caretaker for my mother-in-law who had a similar story. First thing was first, I realized he needed a Home Health referral to get the ball moving for them to order much needed home visit and physical therapy to help him get back on his feet and build muscle back. Turns out I called home health and spoke with a nurse and supervisor. The hospital had sent the referral but they explained due to him not having a primary care doctor, the much needed order would just sit there until he followed up with a primary care doctor. My client stated he had not been to the doctor in twenty-two years. He had moved back to this county, built a home, said he managed a life in pain due to old gunshot wounds from the war, and didn't take any med's so he didn't need a doctor. In addition, the last time he visited a VA Hospital was in a different state.

This posed a problem! He stated he had a few friends that had been helping him with bringing him food, put wood in the stove, and helping him when he fell down. His legs are very weak, and seemed to be a very high fall risk. He stated he would not go back to the hospital that he would just lay there and die. This little person was very stubborn! After asking all my questions, getting the few medications they had sent him home with, fixing him a cup of coffee. He did state when I offered a nurse practitioner with an Outreach Clinic who specializes in home visits for the shut-in and elderly that are not able to go to the doctor that he was willing for whatever I suggested. It is a wonderful program. This seemed to be my only hope in addressing many particular needs. He has been home for three weeks and desperately needs help.

I called the outreach program and got him a home visit set up, then called the Home Care store to see about an order for a walker that he mentioned just needed picked up. The person over billing told me that the hospital had sent an order for one like they sent him home with. It was obvious that he needed one with a basket and a chair, called a Rollator. That way if when he is walking he can put a phone in the basket in case he were to fall he could call someone. I asked him about a potty chair and he said no. Turns out my father-in-law, who is a carpenter by trade, came and put him in a metal bar from the ceiling to the toilet so once he made it there to use the bathroom he could pull himself up. He is determined to get back on his feet. After placing a few pieces of wood in his fire and heading out from a very hard home visit, I ask him if I could make some phone calls to the VA to see if they had anything to offer. He reassured me that that would be ok. In addition, I have called out local Senior Citizen program to see about assistance through the Aging and Disability Resource Center through Meals on Wheels, home-making assistance, and personal care. Unfortunately, the need is so high in our area and resources along with money limits, this process could take forever.

I am confident without the involvement of a home visit through Kentucky Homeplace papers would still be sitting on a desk pending, or another hospital visit would be taking place. We hope to follow-up on this story with a good report. The most important thing is he will now have a provider that is willing to come into his home. She will be able to assist with medication, sick visits, chronic care and so much more. That alone will be such a blessing to his wellbeing.



A few weeks ago, I had a man come in to my office that has been on a Kidney Transplant list for over a year. The doctor had told him if he could not find a way to pay for the medications needed after the transplant, they would have to remove him from the waiting list. He came to me to see if there were any programs to help with the needed medications. I was able to find a couple of programs that did supply this medication. Since he has a Medicare Advantage plan, I called the companies that provided the medications to see what their requirements were. They told me that they will help people with Part D prescription coverage and that the patient would have to send proof showing the co-pays were more than he could afford to pay. My client stated that the Kidney Transplant Center had told him that this was going to be very expensive. While my client was in my office I made a call to his insurance provider and we went over each of the medications that were needed for him and was told he would only have a co-pay of \$3.66/month for 3 of the medications and 2 of them would be free! (Praise God).

I also had another client come in that works but has no health or medication coverage. She had been spending close to \$280 a month on her prescriptions that she needed. I went over a list of her medicine and was able to get five of her medication free. The rest of the medications down to approximately \$78 every 3 months, she was so grateful that she started to cry and could not thank me enough; she will be bringing her husband back to see what we can do for him as well.



This quarter I have seen many struggling clients face a multitude of obstacles. With a new year brings new deductibles, changes in insurances plans and hardships from a long winter and the holidays. However, one client in particular stands out because this client came into the office only seeking advice and guidance but left the Kentucky Homeplace office with so much more.

After enrolling the client and reviewing their medication list, I realized that the client wasn't taking most of the medications because of their new deductible. This client was low income and would qualify for Low Income Subsidy through Social Security but was not familiar with the process or even where to begin. I applied for the client and the client got approved.

We review each plan individually and client was able to select a new plan with a much lower deductible. While the client was waiting on the new plan to start I worked with his doctor and we were able to get the client samples of the higher cost medications until his new plan began at no cost to him.

This client's health was deteriorating quickly because he couldn't afford to take his medication that was being prescribed but thankfully he found his way to Kentucky Homeplace and is now in a better place and over all better health.



My client came in for his appointment wanting information about insurance. Currently he had only Medicare part A and did not know what his options were. I reviewed his information and informed him that we could sign him up for his part B right now because open enrollment for Medicare part B runs from 01/01 – 03/31 every year with an effective date of 07/01. He was not too interested at first because he said he could not afford the \$144 for the part B to be held out of his check each month. I explained that there was an additional program that he should be eligible for that would pay his \$144 per month Part B premium for him, we just needed to sign him up for that as well, which we did. After having both Medicare A & B and getting approved for the Medicare Savings program and Low Income Subsidy, that makes you eligible to enroll into a plan through Medicare anytime of the year instead of waiting for the open enrollment period.

This week, he came into the office as a walk in to bring in his new Medicare card that he received with his new Part B date on it and stated that he had received his letter of approval for the Medicare Saving Program and Low Income Subsidy. We made him an appointment for next month to come in and review insurance plans that will be available for him to choose.



I had a gentleman to come in and see me by a referral of a friend. He was homeless and because of his background, he was not able to go into our local homeless shelter. He had been robbed, lost his medical insurance, no proof of ID and no money. He had been homeless for a while and during the coldest part of the month. He had no food and barely enough clothing to keep him

warm. After enrolling him, I was able to get to work and get this man back on to his feet. First thing was to get his meds and find him some shelter as soon as we could. I called the local homeless shelter and he was indeed not a good candidate for their assistance because of his bad background check. I called around to a few places and all the low-income shelters were full and had a waiting list. I started to feel hopeless and decided to make one more phone call to a gentleman that has helped my people in the past. It happened that he actually had an available trailer and he would do what he could to help him. I set up a date for the landlord to come and meet my client that day. He met with my client and took him to the available trailer and my client was excited that he would get to spend his first night in a warm trailer instead of a makeshift tent. I was able to get his ID back, get his Medicaid card and got him established at a medical care facility so that he could be put back on his medications. This was a lengthy process but, one process that I was thankful that I could assist to.

I had a woman and her family that moved to my county from another state. She was referred to me by a landlord in hopes that I could be able to help them. They had recently lost their only means of transportation and in the result her boyfriend had lost his job. They had zero income and no way to get any food. I made a home visit with the family and got them enrolled. She had to show me that she wasn't lying about having any food. The only thing the family had was water from the sink. Immediately I was able to obtain them an emergency food box and had a donation of food with the necessities and toiletries gave to them. My client had already had Medicaid, for she had started the process before they lost transportation, but had no means of travel to drop off her information for food stamps. I was able to take the paper work to the DSBS office and get them enrolled into SNAP. The resource center at the children's school was able to provide driven transportation to get food when the client received her SNAP benefits. The client later on was able to obtain a vehicle when they received their income taxes. Now that they have a vehicle, I have been assisting the male client in finding work and apply for positions. They were grateful that I was able to assist them in their time of need.

I assist many different clients with all sorts of needs. I had a lady to come and see me and was a move in from California. She had no insurance and needed her medications. After enrolling her, I began to see if client was eligible for Medicaid. Her income exceeded the levels, so we began to look into the Market place insurance. The monthly premiums and deductibles were going to be too high for her so I looked into other options. The client was eligible to be seen by a doctor at our free clinic in the community and I was able to make her an appointment there. I got her established with the facility and got her enrolled to receive her medications free. She is now receiving her medications and free healthcare.



I received a call from a girl that I went to school with that had heard about Kentucky Homeplace from a friend that I had helped get dentures recently. She said she needed an appointment with me as soon as possible. I got her in to see me that week. Once she came in to meet with me, I was able to see the urgency of her need. She began to explain her situation, covering her mouth with her hand. She had been in a domestic violence situation for many years and wasn't able to



get out of it until her boyfriend knocked her two front teeth out along with many other injuries. I saw a very hurt, broken woman sitting there in my office and I knew I had to help her some way. She was staying with family trying to get back on her feet, so she had no way to pay for a denture to cover the missing teeth. I started calling everyone I could think of. I remembered a woman I had made connections with at an interagency meeting that worked at a Woman's shelter. I called her and explained the situation and she agreed right away for their program to pay for the partial. A couple months past and I had a surprise visit from my client. She came in smiling, showing her beautiful smile. We talked for a couple minutes and she said she was finally happy and things were really looking up for her. She is working on getting her own place and starting back to college very soon.


I had a young woman come into the office as a referral from the free clinic. She had just got married and lost her insurance with her parents. She has severe asthma and had several medications that she needs. We first checked to see if she was eligible for state Medicaid, she unfortunately was barley over the income. We did patient assistance applications for her medications and she brought back in required documents. A couple weeks later, she called and her husband had lost his job and they were in desperate need of food assistance and she was completely out of her inhalers. I had her come straight in so we could re-apply for insurance for her and her husband. We ran into problems with the application where she had previously applied and denied not long before that. We called to find out what we needed to do and they referred them to go into the local office. She needed her insurance to go through so quickly that I decided as her assister that it would be best if I met them there. I followed them to the office and walked them through the process. We were able to figure out the issue with their case, resolve the problem, and the worker helped them apply for snap benefits. She still needed her inhalers so I called the free clinic and they gave her enough inhalers to do her until her insurance picks up. I am still currently working with these clients.




My success story is connected to the coal mining industry here in Eastern Kentucky. My client whose husband worked in the mines was laid off. She proceeded to tell me her story of diabetes. At the age of two, she had been was diagnosed with diabetes and uses an insulin pump. Due to her husband having lost his job, he no longer had insurance and she was not able to afford her insulin. Since her husband is laid off, he was now receiving unemployment and made too much money for her to qualify for Medicaid. After my client filled out the Form Map 14 required by DCBS, I was able to access her information with them and get a Medicaid denial letter. We filled out all the necessary paper work for the patient's assistance program and contacted her doctor to fill out the necessary parts of the application. The process took about 2 weeks. We finally were able to get the 6 months' supply of insulin sent to her endocrinologist and she was so thankful.


I have been working with an elderly lady who needed help with getting hearing aids. The first thing we had to do was schedule a hearing test and evaluation with a clinic. Once my client went to the appointment, the audiologist who works at the clinic sent my client to the ear, nose and throat specialist. She could not clear her for hearing aids until she had a comprehensive hearing


test to prove that she was having trouble hearing or that she might have some medical problem going on. My client went to the ear, nose and throat specialist and was cleared to get hearing aids. We scheduled her again with the clinic to take the report to the Audiologist there. She was then fitted for the hearing aids. We completed her application along with copies of her bank statements and the \$250 fee. This whole process has taken approximately a year. I am happy to say that the other day, my client came by with a big smile on her face and let me see her hearing aids. She was so excited to be able to hear and was so appreciative of the help Kentucky Homeplace had given her.

 A person that has been my client for many years and she is like family. You can tell by the tone in her voice when there is a problem and when she came in for her appointment, I could tell she was in for something more than her yearly update. Everything had changed; her husband had passed away, her son was getting a job and he was the one who got her generic meds. She was advised to get a new insurance and she did not understand how that was going to help. We got her updated in Kentucky Homeplace and I made a copy of her new insurance card, and there was the key! The person that had helped her with her insurance had not informed her what the package covered. If she could get her medication on the tier 1 and tier 2 level, she would not have to meet the \$189.00 yearly deductible nor would she get a penalty. I called her insurance and signed her up for the mail order plan, which her insurance offered. Kentucky Homeplace assisted with getting six other medications free that was not on the tier 1 or tier 2 level for my client. This is a savings of \$8,247.00 for a 90-day supply and \$32,988 over a year.


I had a client call about one of the medications that was ordered about a month ago. I called to check the status and I was told that it was being processed but my client was down to five pills! This medication is very expensive and there was no way they could have paid for it. I called the patient assistance because my client had still not received it and was getting very nervous. They informed me there was more paperwork my client would need to complete the application process. They also requested an appeal letter, which I typed up and sent in. After some time my client called again and informed me they still had not received the medication. To make a long story short, I had to make many calls concerning this medication, which was a lifesaving one for my client. However, after many calls and many documents faxed, my client was finally approved for their medication. There is no way my client would have been able to do what was required to do. I am thankful that I was able to help them in this process.

 I find it rewarding to assist clients with medical and social issues. I have worked with several clients in the past few months that did not have any idea on how to get help with QMB (Qualified Medicare Beneficiary), food stamps and other programs from the Cabinet for Families and Children. I try to explain to them how to apply and if they want me to, I will go with them so they feel better about going to apply. I hope this makes a difference because I can be there with them to explain things to the people at the DCBS office in a way that makes it easier for my clients. I have helped clients with Dentures, Hearing Aids, and Glasses at Low Cost. Assisted clients in getting medicines from by filling out forms for each company depending on the medication and making sure they get processed correctly.


 A few months ago, a gentleman came into my office for assistance with glasses. Upon doing assessment of his needs, I realized he had trouble with his hearing. He professed he had a hard time communicating with family and friends. Everyday activities were a struggle and sometimes embarrassing. I explained a program that I work with that helps people that are hard of hearing where he could get assistive equipment to help. We completed the application process for a fire alarm and an iPad where he could do video messaging calls. The gentleman was so grateful and appreciative the day he called to say he had received his fire alarm and iPad. He is now able to communicate much easier and understand as the voice comes with caption for him to read. The experience of video messaging allowed him to see and speak to his family and friends without being embarrassed.

 I had a client come into the office to get help with glasses. She has Social Security and was able to get her exam and prescription for glasses but had no coverage for eyeglasses. I was able to help her apply to a program that Kentucky Homeplace works with to get a voucher for glasses. I helped her pick out a pair of glasses online and once the voucher was approved, I ordered her glasses. When she received her glasses, she was very happy with the quality of the glasses.

I had a client come in to see me to get help with a medicine that his insurance would not pay for. I applied for the medicine through the pharmaceutical company and he received a letter requesting him to apply for the medicine through a different program first before he could get help. I applied for the program requested and he was approved for a grant for the medicine and was able to get his medicine at the local pharmacy that day with the information that we received to give to the pharmacy. He was very happy to be able to get his medicine even though there was a setback in the normal process.


 A local health clinic referred a person to me that was having trouble understanding their insurance. I was able to help explain what her situation was being dual eligible for Medicare and Medicaid. I was able to call and get the Medicaid card reissued because it had never arrived. I also was able to direct them to DCBS to apply for spend- down card to help with some medical bills that had accumulated in the period before she had applied for the Medicare savings plan.

DCBS office referred an elderly client to Kentucky Homeplace; she had recently suffered from a stroke and was in need of some durable medical equipment that Medicare does not cover. She needed a ramp in particular. I was able to contact a program nearby and they were quickly able to get me access to a portable ramp to use until we are able to get her a program that can build one for her once the weather warms up. I was also able to provide the client and her family with some information about strokes and referred them to a local stroke support group.


 During this quarter, I had the opportunity to help within a different category of health insurance. I had referrals sent to me from a local business that provided health insurance to their employees but they were still underinsured. They had private insurance but still it was not meeting his health needs. The client that I helped assist was a young adult male and he had a skin condition that he needed a very expensive medication called Enbrel to help treat it. The medication was expensive already, but the major barrier here was the insurance deductible. The client had a \$6,000 out of pocket deductible that he had to meet before they could even start billing





medications to their health insurance and have a copay on any medications. So I found a Patient Assistance program and did all the paperwork I could for them and scheduled for them to come in the office to get enrolled and sign up for help. We went through the process together for helping him with this medication. The patient assistance program stated we would have to get a pre-authorization from the insurance first. The insurance denied giving a pre-authorization for the medicine. While in the middle of this, thinking that we were on our last option, we discovered a new resource that helps lower-income based individuals that did not meet the qualifications for the first patient assistance program. This was the light and hope of my client's needs. This was the best news to him, and he was ever so thankful that we were able to find a solution to the problem. Some days we have 100% success with helping our clients to receive the medication help they need. Other days we are not always able to get an approval, but when this happened, it showed that our faith came through for all of us, and that is exactly why I love Kentucky Homeplace and my job. This kept this client from taking out a loan for the \$6k deductible. Kentucky Homeplace was a connection to keeping him from having to take on a debt just to keep him in good health.

 This quarter I received a referral from a local agency, when trying to contact the referral it was not easy. Her cell phone did not have service in a certain part of the house, and her home phone had been disconnected. Finally, after about 2 weeks, I was able to setup an appointment with her. She arrived to the appointment 30 minutes late and was afraid I would not see her. When walking into my office, she had the look of worry, but as soon as I said "good morning come right in" her whole look change. After going over her referral form, I let her know that she met the requirements for help with glasses and I was able to help her fill out the intake form to request help with home repairs. I got a follow-up call from the home repairs and she is set to have her roof repaired paying 11 dollars a month.

I re-enrolled a client that had been prescribed eye drops from the ophthalmologist and was going to cost her \$500 a month. I spoke with the pharmacy and she could only do a discount of \$110 still leaving the client to pay \$390. They told me that if the client wanted to change health care providers that she could apply for a sliding scale and only pay \$40 a month for the eye drops. My client was more than happy to change providers and now is able to afford her eye drops and is seeing a provider that she had once seen years ago. One happy patient and client.

 A former client called my office this morning asking for help with medication. I have known this client for several years and have been able to help him in the past. He told me his wife had passed away and he was learning to do everything for himself. He told me he had already spoke with his doctor about Eliquis and that he does not have samples to give him. His doctor suggested the client call me again. I checked to see if a discount card might be available, that might help him with this medication. I went to a patient assistance program that provided his medication and printed the form. I even checked with other resources to see if they would help with Eliquis. I called the cardiologist that prescribed the medication in the first place to see if he had samples the client could have to use until the forms were processed. The client has an appointment to come to the office to update his chart and pick up the application to take to his doctor's appointment.

 I had a client come in to my office needing help with medications and glasses. We got to talking and I was sharing with her all of the services we offer. She was actually in bad need of some dentures. The set she had in she had had since 1996! So I called the denture clinic and scheduled her an appointment to get her a full set of dentures. She could not believe the price when I told her. She was so happy with them when she came back in my office. She expressed how nice the process was with getting them as well.

 Each quarter we as Community Health Workers are asked to report special things that have happened with our clients and such. I got a phone call this morning at home from a family member that wanted to tell me that she had heard some things about me. I was like ok, what now. She laughed and said, “it’s all good”. She was at her work place with a patient and they were asking about her, where she was from and such. When they heard she was not from the area that she was working they asked, how did you end up in this small town? She answered, well my sister married someone from here and I just followed her. They then asked who is your sister, she answered by saying my name. He asked with Kentucky Homeplace. She said yes, do you know her? He replied with yes, she has helped me and my family so much. We just love her. My sister just was listening to him and they had small talk. He came back to the conversation about Kentucky Homeplace. He said you know, they helped me when my children was hungry, when we were down and out and had no money for Christmas dinner or gifts, she showed up at our door steps with groceries and gifts. She seen I had a bad front door and she asked if she could send someone out to see if they could replace it and she did. Not only did they fix my front door, they put underpinning up around the house and replaced 4 windows. He then said you know you have a really good sister and we don’t know what we would have done without her and Kentucky Homeplace’s help in the past. He said he worked hard and got really sick with his heart and had several heart surgeries then couldn’t work anymore. They had hit devastation and were so embarrassed. He said of all the organizations out there, Kentucky Homeplace was the one place that didn’t make them feel belittled. He hated having to go to an office and apply for welfare, Medicaid and food banks but he did what he had to do to make it. By the end of our morning conversation, we were both in tears. It is just such a good feeling when you know you have made a difference in someone’s life. Without being in my CHW role at Kentucky Homeplace I know this would have gone without notice but because of the opportunities that are given to us we got help to them and we see there are good people out there that do appreciate what we do for them.

Today a client came in my office and said, what do you think? I said about what. She smiled so big. She said she got her dentures and absolutely loved them. Her whole demeanor was different. She said she did not want to smile in public cause of her teeth being so bad. She said she could never thank us enough for helping her get her dentures and that we made the biggest different in her life.

Our county has been hit hard with drug addiction issues and fortunately we have several recovery facilities that have developed here in the past few years. Today I visited an outreach clinic. A young man had been on heavy drugs and said last year he was basically dead. He had to have open-heart surgery due to the drugs and is wearing a pace maker at this time. This man is in his early 20’s. He said that this particular center has saved his life. Through them, we were able to meet. This client’s teeth had gotten in really bad shape from drug use. I found a doctor that

accepted his insurance and scheduled him an appointment. He went and got his teeth removed and now is scheduled for a complete set of dentures. When I called him to let him know I was sending his referral to the dentist for the dentures, he broke down and cried over the phone. He said he did not know there were people in this world that truly cared until he got help through this recovery center and Kentucky Homeplace. He said until now everyone has said they would help, but never followed through. He said to thank who ever I needed to at Kentucky Homeplace for such a program. He is very grateful.



I had a client who recently came in for eyeglasses. He explained that he was previously convicted of a drug charge and spent some time in prison and that he had been a transient. He ended his journey by making it to my county and settled at the homeless shelter until he could get his SSI back. Once he did, he immediately found a place to live but with little income was struggling to keep going. He said that he recently found out that his children's mother was now involved in drugs and that he was contacted about getting some types of visitation with them; he had not seen them in a very long time. Social services were required to come and do a home inspection but because he could not afford all of his bills, he was not able to keep all his utilities on and had only the trailer he rented with few furniture items that were donated through the shelter and electric. He did not have the money to pay for water or telephone and he certainly did not have the money to purchase any food. When a person received the full amount, of monthly SSI, they get an average of around 12-15 dollars in food stamps a month and that is not enough to pay for groceries so most times they simply just give up the food stamps because to them it's not worth paying for a ride to recertify.

He tells me that he has been seeing a therapist and doctor and taking medication for his mental health, there are funds available to those with mental health diagnosis that can only be treated and not cured. He was aware of the program but was told that he wouldn't be eligible for it because he was previously incarcerated. From what I knew of the program that would not make him ineligible so, I made a call to DCBS to find out that he was not eligible for any services through DCBS without documentation that he had completed a drug rehabilitation program. Having lived in many counties for short periods, he could not recall what county he was last treated in for mental illness and he did not recall the county in which he completed the rehabilitation program. With his permission, I started to call every county that he did recall staying in for some time, reaching out to law enforcement agencies to see if he had ever been in a drug program there. I decided to reach out to a local mental health facility and asked if his name came up at all in their database and they found that he had been treated in another one of their counties. I was given the information from the county location they found only to learn again that he had been treated there but came from another county. They told me that he was required to come to their county because it was part of his probation prior to going to prison but his probation officer had also since retired from her position and the mental health facility that he was treated in was confident that I was just calling around wasting time.

I looked up the new probation officer in that county and gave them a call. They were surprised to hear from a Community Health Worker and was interested in learning what exactly my job was and why I would be calling them to help with this particular client. I explained the situation to

them that he was living in a mobile home with no water, little heat, and no food and that proof he completed a drug rehabilitation program was all he needed to get snap benefits and a state supplement income to prepare his home for visitations with his children. Prior to my explanation of the reason we needed this information the officer asked if I had a fax number. By the time, we finished the conversation of what I thought was pleading for help, I received the completion certificate by fax from the officer who I was speaking with on the phone.

We immediately sent the completion certification to the DCBS office who was then more than willing to assist him in the application of food stamps and the state supplement. He has received letters that he has been approved for both of these services and with the letters; he was able to make arrangements for his kids to start to visit him. I also discovered that he was no longer getting medication because he had no transportation to the clinic, which I was able to arrange.

## Client Satisfaction Survey Results

Each quarter clients who receive services from Kentucky Homeplace are randomly selected and mailed a satisfaction survey with a stamped, return addressed envelope. Five surveys per CHW are mailed to clients. Below are some of the comments received this quarter:

- We need more people like Darla, she always has a smile and very encouraging words, she is very helpful
- Darla is a very nice and helpful and caring person. She goes out of her way to make you feel comfortable. She is very knowledgeable about her job & what resources she may can provide her clients!
- Darl was real helpful , and so pleasant
- She needs a better parking
- Judy is so polite and helpful to everyone I have heard so many wonderful comments from friends about how hard she will try to help you
- Judy is excellent in all her work. She is great
- Judy is very pleasant & kind & courteous. She have helped both myself & my husband. She is easy to talk to & very understanding.
- I really apprecte all the services Ky Homeplace offers and has the best staff. Expecially Mary
- Samantha was really helpful beyound & A I really like her "She is the best"
- She is it fine worker I would give her 100 percent I thank her so much for helping me in every thing. Thank you Homeplace for helping ever one Thank you
- Carole was very professional and careing and does a great job. If everyone at your clinic is as nice as her I would like to return to UK for all my health care need in the near future. My number is (client wrote phone number) If you'll have me back
- She is very helpful in a lot of ways. We really enjoy our meetings with her
- We thank everyone for all there help
- Amanda is always very pleasant and always very helpful to work with. I very much appreciate her and her services. Thank you!!!
- Angela was very helpful in any way she could. I learned a lot from her. Angela thanks very much
- It was and awesome program and will participate in the next one glad for all the help
- You have a good worker in Angela, she's very helpful & tries her best to help in all she goes at
- She helped me all she could
- Ladonna was very friendly and went above and beyond for me. I am so thankful that I was guided to come to her office she is sure friendly and always trying to help me anyway she can
- Ladonna help me get hearing aid batteries with she can get them. She also lets me know when it's time for my dibetic shoes
- Kathy is a very helpful person & will help you any way she can
- Kathy is very personable& helpful. She has a very caring attitude. We are pleased with her
- Very pleasant, honest and very caring person, I would recommend her to anyone
- Kim goes above and beyond to ensure that my needs are met.

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