

**UNIVERSITY OF KENTUCKY**

# *Kentucky Homeplace*

**January 1, 2021 – March 31, 2021  
Quarterly Report**



**Gabe's Branch Falls – Leslie County, KY**

***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.**

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# Kentucky Homeplace

My Fellow Kentuckians:

During this quarter, Kentucky Homeplace CHWs and their clients were faced with a myriad of challenges. There were widespread ice storms in which thousands went without electricity for weeks. Next, devastating flooding hit our region already beleaguered by the effects of COVID-19. During this time, the CHWs reached out to their clients to provide much needed services during these devastating times.

This quarter Kentucky Homeplace CHWs recruited clients into “Tool Kit for Active Living with Chronic Conditions” workshops. This Tool Kit program includes all the tools in the Chronic Disease Self-Management Program, packaged into a one-time mailing to the clients and the workshops were conducted over the phone led by Kentucky Homeplace CHWs trained to conduct the courses. Participants attended weekly sessions for around one hour via telephone conference for six weeks. This was a good alternative for those who cannot or do not wish to attend a CDSMP workshop in person or online. In summary, over the course of the program, 18 Kentucky Homeplace community health workers delivered 108 workshop classes to 83 clients.

Below is a summary of the activities for this quarter. Please take time to look over our new section “Community Health Worker Spotlight” which gives insight on two CHWs each quarter and also the “Actual Client Encounters” section which reveals the many barriers our clients encounter in our communities and the ways in which CHWs assist in overcoming these barriers.

## **Quarterly Summary**

For the period January 1, 2021 – March 31, 2021, the CHWs provided services for 2,184 clients. CHWs logged 4,252.27 hours on care coordination activities with a service value of \$101,246.55. The amount of medication accessed was \$1,213,809 and other service values (not medications) accessed were \$379,152.35 for a combined total of \$1,592,961.35.

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 October-December. 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



## Community Health Worker Spotlight



My name is Shirley Prater, I am a Certified Community Health Worker for Kentucky Homeplace. I have served in this position full time for 12 years. I currently serve Elliott and Morgan counties and I have served other counties on an as needed basis. I am a member of the database committee for Kentucky Homeplace and function as the coordinator for New Eyes for the Needy. I currently serve as the Secretary for the Kentucky Association of Community Health Workers (KYACHW). I love to serve my community by volunteering. I currently volunteer for the Elliott County Tobacco Festival Committee and serve as President. A passion of mine is volunteering for the Remote Area Medical (RAM) events, which are free medical and dental services provided in events held across the US and other countries. My goal is to participate in a mission trip with RAM.



Elizabeth Smith, better known by Beth, has been a Community Health Worker for 12 years for Kentucky Homeplace. She serves the clients of Carter County. She has been involved in healthcare for more than 25 years. The majority of the clients she serves now suffer from poor health conditions and lack of education, medication and transportation. It is her desire to help those in need and assist them to access the services they must have. Beth is on the board for Carter County Family and Consumer Sciences Extension Advisory Council, and attends Carter County interagency meetings regularly. Beth is a Certified Application Counselor Assistor for the state of Kentucky and an active member Kentucky Association of Community Health Workers (KYACHW). She volunteers for Remote Area Medical (RAM) and has attended many event over the years. She is a leader for both Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP). She resides in Sandy Hook, KY. Outside of work Beth enjoys sitting on her front porch, good food, spending time with family and going to church.

# **Program Activities**

## **January – March 2021**

### **Community Engagement Activities**

**(In-person community engagement activities have been limited due to COVID-19)**

Several CHWs attended local diabetes coalition meetings, interagency meetings and others via ZOOM.

CHWs attended the quarterly KYACHW meeting via ZOOM

18 CHWs hosted Self-Management Resource Toolkit Workshops for clients via telephone conference

Several CHWs presented at various statewide education webinars via ZOOM

### **Professional Development/CHW training**

CCHW Continuing Education Webinar

Appalachia Health Provider Diabetes Education Event

Health and Well-Being: Rural Strengths and Challenges Virtual Seminar Series Interventions – Kentucky Homeplace

Foundation for a Healthy Kentucky COVID-19 Webinar

### **Other News**

CHWs resumed working on site on March 29, 2021

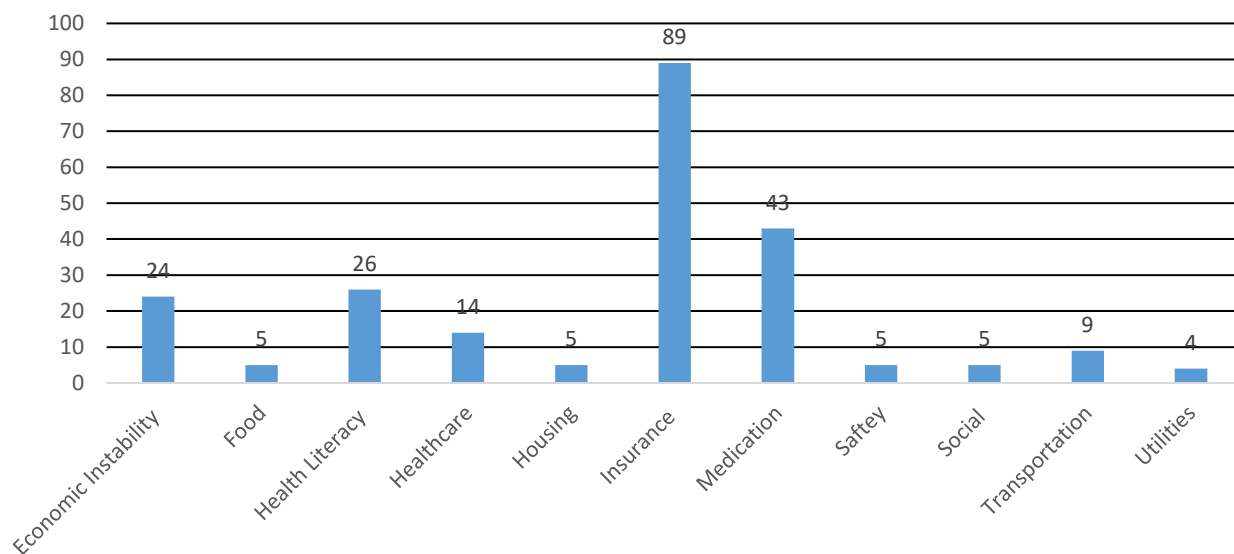
Several offices suffered devastating flood damage in March 2021

Two vacancies were filled in Knox and Geenup/Boyd Counties.

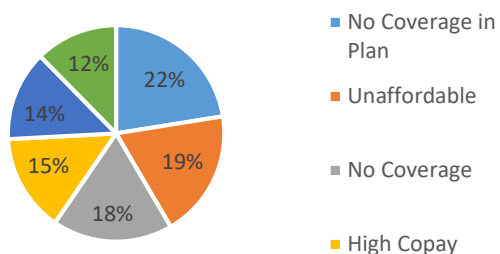
One vacancy remains in Estill/Powell County



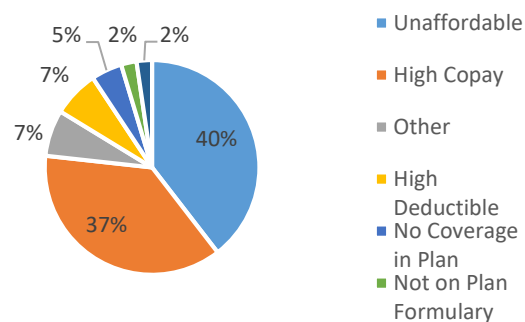
## Social Determinants of Health Barriers to Care 01/01/2021 - 03/31/2021



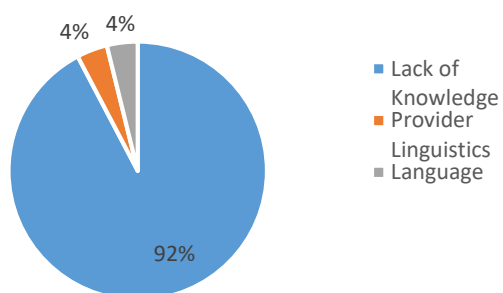
### Insurance Instability Barriers



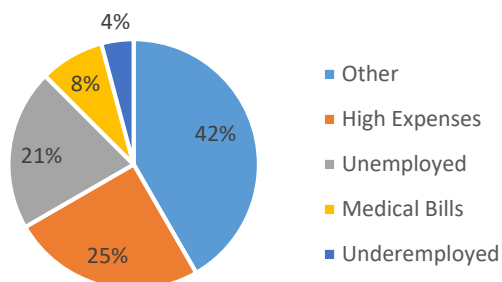
### Medication Barriers



### Health Literacy



### Economic Instability

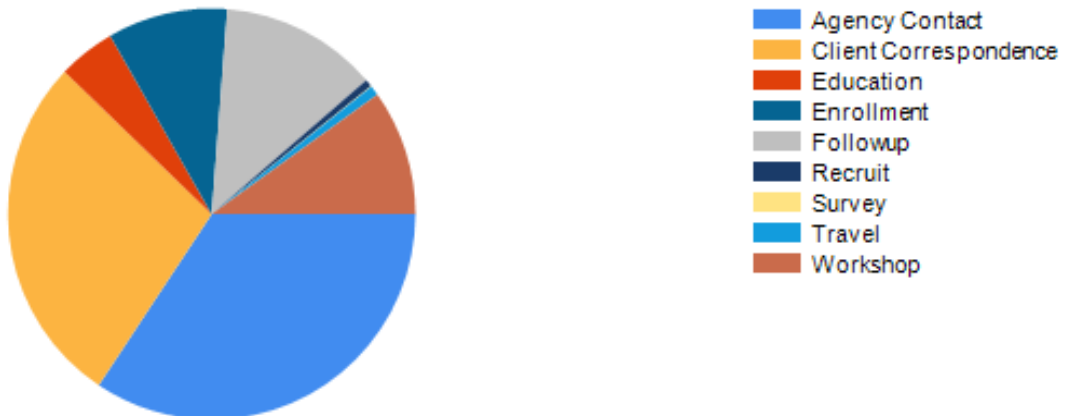


# Activity Summary

(Clients visited: 01/01/2021 – 03/31/2021)

| Activity              | CHW Hours       |
|-----------------------|-----------------|
| Agency Contact        | 1,460.50        |
| Client Correspondence | 1,183.15        |
| Education             | 192.83          |
| Enrollment            | 404.78          |
| Follow-up             | 531.10          |
| Recruit               | 24.83           |
| Survey                | 2.25            |
| Travel                | 33.15           |
| Workshop              | 419.67          |
| <b>Grand Total:</b>   | <b>4,252.27</b> |

Total All Regions

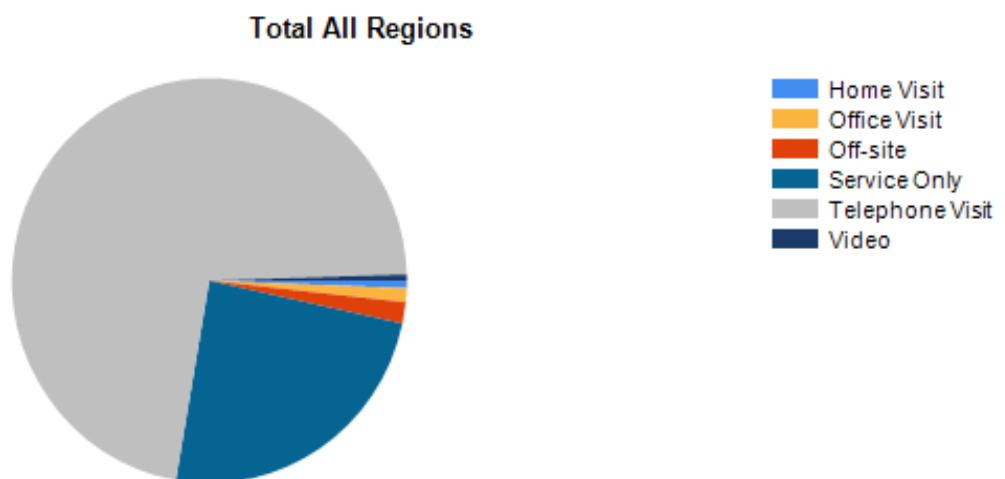


Total service value for 4,252.27 hours equals \$101,246.55

# Visit Summary

(Clients visited: 01/01/2021 – 03/31/2021)

| Visit Type          | Client Visits |
|---------------------|---------------|
| Home Visit          | 37            |
| Office Visit        | 67            |
| Off-site            | 103           |
| Service Only        | 1,480         |
| Telephone Visit     | 4,371         |
| Video               | 30            |
| <b>Grand Total:</b> | <b>6,088</b>  |



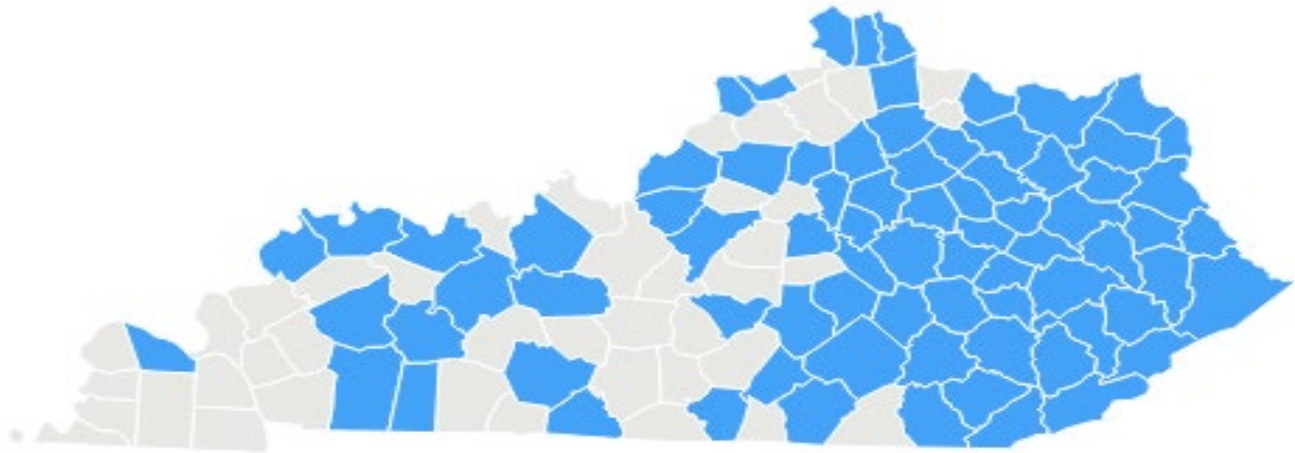
\* Service only involves any actions taken on behalf of the client while the client is not present.

# COVID-19 Services Summary

(Clients visited: 01/1/2021 – 03/31/2021)

| Service Type                     | Clients    |
|----------------------------------|------------|
| Presumptive Eligibility Medicaid | 395        |
| PE Extension                     | 108        |
| Economic Impact Payment          | 17         |
| Meal Plan                        | 4          |
| <b>Total</b>                     | <b>524</b> |

## Kentucky Homeplace COVID-19 Service Reach



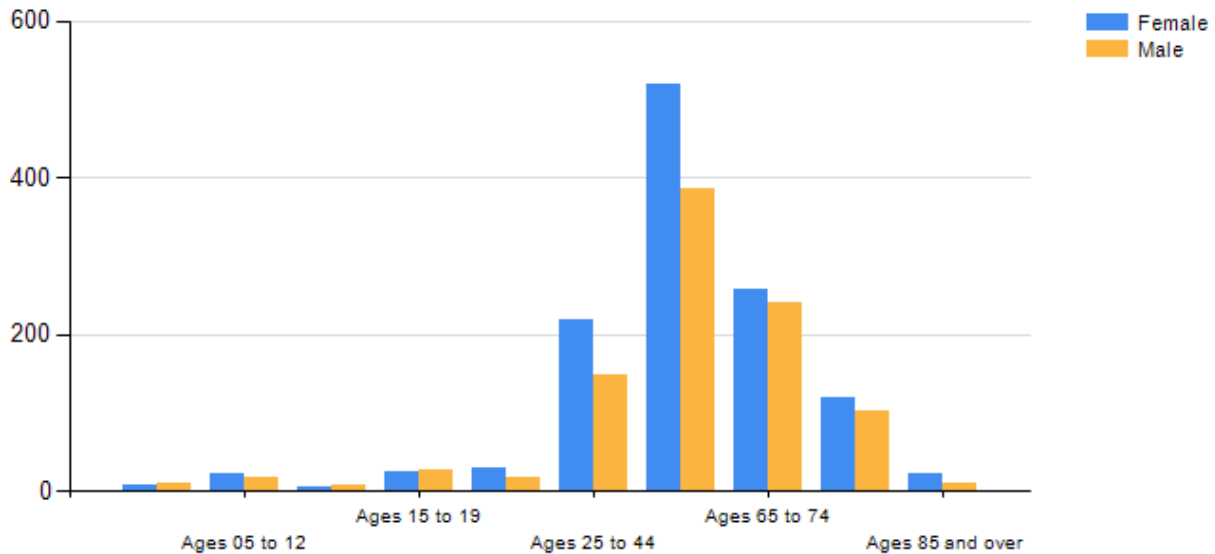
COUNTIES SERVED BY KENTUCKY HOMEPLACE DURING COVID-19

# Age Gender Summary

(Clients visited: 01/01/2021 – 03/31/2021)

| Age Group        | Female | Male |
|------------------|--------|------|
| Ages 00 to 04    | 7      | 9    |
| Ages 05 to 12    | 21     | 18   |
| Ages 13 to 14    | 6      | 8    |
| Ages 15 to 19    | 24     | 26   |
| Ages 20 to 24    | 30     | 18   |
| Ages 25 to 44    | 219    | 147  |
| Ages 45 to 64    | 518    | 385  |
| Ages 65 to 74    | 258    | 239  |
| Ages 75 to 84    | 118    | 101  |
| Ages 85 and over | 22     | 10   |

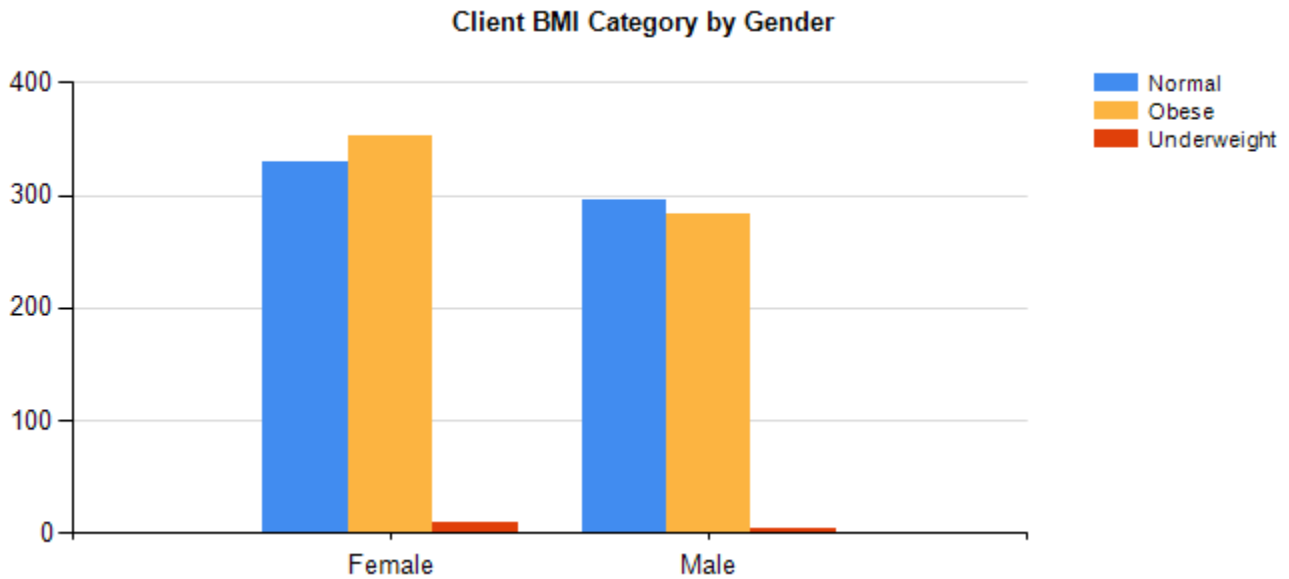
Clients by Gender and Age Group



# BMI Category Summary

(Clients visited: 01/01/2021 – 03/31/2021)

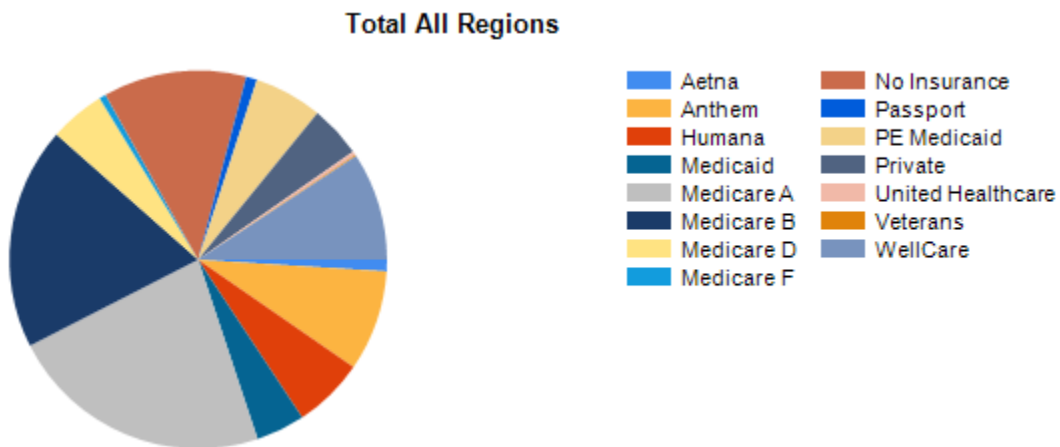
| Gender | BMI Category        | Clients      |
|--------|---------------------|--------------|
| Female | Normal              | 330          |
|        | Obese               | 353          |
|        | Underweight         | 9            |
|        | <b>Total:</b>       | <b>692</b>   |
| Male   | Normal              | 296          |
|        | Obese               | 284          |
|        | Underweight         | 4            |
|        | <b>Total:</b>       | <b>584</b>   |
|        | <b>Grand Total:</b> | <b>1,276</b> |



## Insurance Summary

(Clients visited: 01/01/2021 – 03/31/2021)

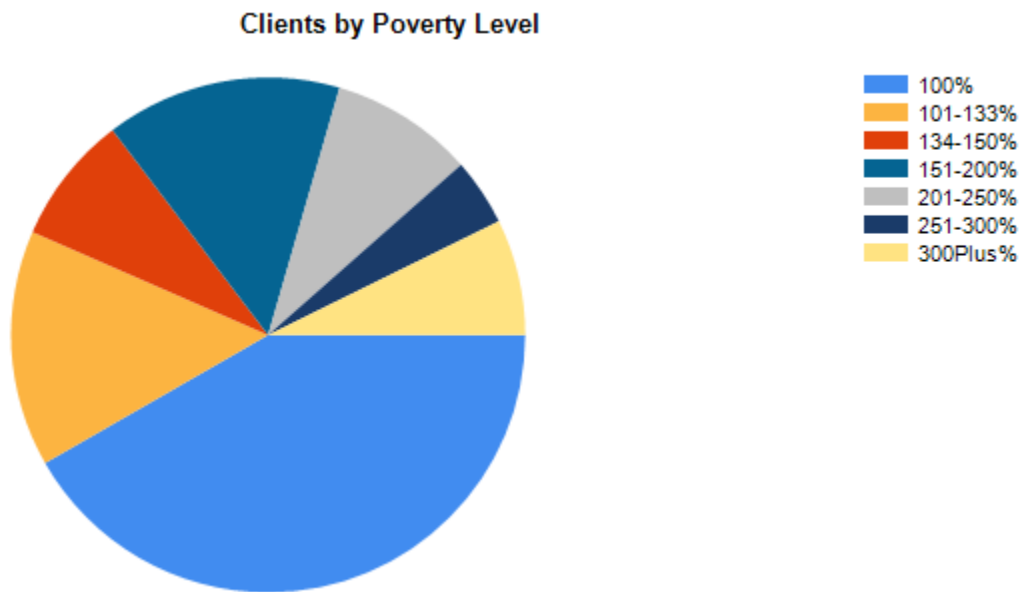
| Insurance Type    | Clients |
|-------------------|---------|
| Medicare A        | 749     |
| Medicare B        | 631     |
| No Insurance      | 407     |
| WellCare          | 306     |
| Anthem            | 286     |
| Humana            | 202     |
| PE Medicaid       | 194     |
| Medicare D        | 158     |
| Private           | 147     |
| Medicaid          | 139     |
| Aetna             | 33      |
| Passport          | 31      |
| Medicare F        | 19      |
| United Healthcare | 11      |
| Veterans          | 4       |



# Poverty Level Summary

(Clients visited: 01/01/2021 – 03/31/2021)

|         | 100% | 101-133% | 134-150% | 151-200% | 201-250% | 251-300% | 300Plus% | Total |
|---------|------|----------|----------|----------|----------|----------|----------|-------|
| Clients | 911  | 324      | 177      | 324      | 197      | 92       | 159      | 2,184 |

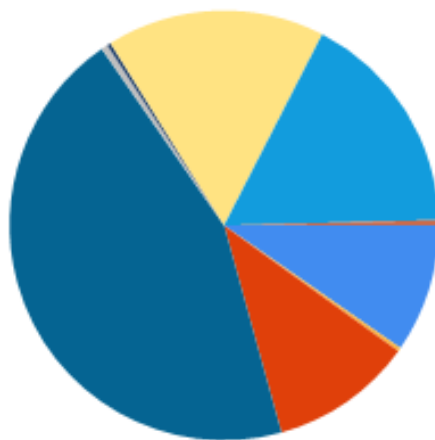


# Education Level Summary

(Clients visited: 01/01/2021 – 03/31/2021)

| Education Level                  | Clients      |
|----------------------------------|--------------|
| Never attended school            | 11           |
| Elementary                       | 235          |
| Some high school                 | 372          |
| High school graduate             | 975          |
| Some college or technical school | 359          |
| College graduate                 | 211          |
| Refused                          | 6            |
| Underage                         | 9            |
| Current student                  | 6            |
| <b>Grand Total:</b>              | <b>2,184</b> |

Total All Regions



- College graduate
- Current student
- Elementary
- High school graduate
- Never attended school
- Refused
- Some college or technical school
- Some high school
- Underage

## Kentucky Homeplace CHWs Working Remotely During Pandemic



Kala Gilliam-CCHW (far right), Rowan County, receives material donation from Lowe's to build ramp for client



**Darla Shepherd-CCHW, Harlan County, hosts  
remote Toolkit Workshop**



**Carole Fraizer- CCHW, Perry County, socially  
distanced supply drop**

## March 2021 Flood Devastation



Lee County Kentucky Homeplace



Estill County Kentucky Homeplace



Johnson County Kentucky Homeplace

# 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**

**01/01/21 – 03/31/21**

My client story for this quarter is based on a new client that was referred to me by one of our local pharmacies in our area. It was actually the head pharmacist whom happens to be the owner. Which is always pretty amazing to me that someone would care more about their customer getting their medicine through our Kentucky Homeplace program than most likely going without medication due to not being able to afford it. I've been working with Kentucky Homeplace for almost four years and I find that every year a client is coming to me in need of help due to what we call hitting the "Donut Hole" with Medicare. When I first started this was a more common thing happening the last three months of the year. They tend to fall into a coverage gap and their medications sometimes are \$1000 for a 30 day supply of insulin. It's always the fall of the year when client's bills are always higher and with Christmas being right around the corner many times they choose between bills, gas, groceries, or medication. It's heartbreaking. Last year a client hit the "Donut Hole" in June. This year I just had my 1<sup>st</sup> client hit the "Donut Hole" in March. It's so mind blowing to me.

This client pays \$148.50 for Medicare A & B, then \$127.00 for a Supplement through Medicare to cover her 20%. Then she also pays for Medicare Part D which is her drug coverage which is \$81.90. She has a decent income but still can't seem to make ends meet due to high medication copays. For instance, her Out of Pocket she has already spent was \$706.35 on March 10<sup>th</sup>. She reached out and explained the situation of how next month her three medications that were the most expensive was going to be completely unaffordable and desperately needed my help.

A 30 day supply of insulin her copay will cost \$1000.00, another heart medication for a 30 day supply will cost \$540.00. Then a blood thinner also for her heart will cost \$150.00 for a 30 day supply. That alone is a total of \$1,690. Yes, it's true! Not to mention she pays \$357.40 for all three coverages. This is also not counting the other medications she takes that are small copays. Please tell me where we are going wrong for our elder clients in America? These are the folks that have worked their entire life and shouldn't be facing these situations. We as Certified Community Health Workers see it every day with our clients.

I'll end the story with great news, what I call a Praise report! I was able to access her insulin 120 supply for free for the rest of the year, she picked it up yesterday at her Dr.'s. Also, the heart medication that was \$540.00 I was able to access it for free and it will be shipped to the Cardiologist on Monday for a 90 day supply. That will be free for the rest of the year as well! Then lastly, her other heart pill after she spends another \$281.00 out of pocket I'll be able to help her get it for free for the rest of the year. It will be shipped straight to her home. She was completely ecstatic when she found out all the good news! After all the hard work this little story is a harvest for the hard labor! It's a blessing to be a behind the scene worker for this sweet little client.

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This quarter has been a rewarding and humbling quarter working with Kentucky Homeplace. I have assisted many individuals with a variety of services but one client in particular stands out to me.

This client came to Kentucky Homeplace after receiving a referral from our local school system seeking assistance with getting additional health coverage after losing his job. He normally has a booming business but due to the pandemic and the restrictions that was put into place he couldn't operate that business and was having a hard time covering his medications and doctor visits.

After completing his initial enrollment, I was able to get this client approved for temporary secondary coverage that took care of all of his medical bill as well as being able to pick up his medication at no cost. This client was hard of hearing and I was also able to get assistance with a complete set of hearing aids with Vocational Rehab. My client has had several medical procedures completed during this time that would otherwise had to be postponed or even cancelled all together.

I am so thankful to work with Kentucky Homeplace because of how rewarding this job truly is and for the wonderful people that we get to meet and assist on a daily basis

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This story is about a client whom was new to Homeplace. She needed help with medications for diabetes. She had quit taking her medication because she could not afford to pay her co pay on it. We signed her up as a homeplace client and got her application in with the pharmaceutical company. She was approved and is now getting her medication. This was a huge relief to her and a big help in her medical care. She was extremely excited and very grateful for all Homeplace had helped her. I am currently working with her on some other needs.

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I have a client that called me stating she was going to have eye surgery in both eyes. She was looking at having to pay \$250 dollars per eye and she would have these surgeries on separate days. We decided that we could sign up her up for PE Medicaid and that would cover her out of pocket expenses. She called me a few weeks later and stated she had her eye surgery and that it had covered all her out of pocket cost. She was very grateful for the help and said had it not been for Homeplace helping her that she wouldn't have been able to have her eye surgery because she didn't even know that PE Medicaid was an option for her.

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My client story is about access to food stamps, food disparity and help with rent.

I have a client who during COVID-19 was still having to work every day. She had a young daughter at home. She contacted me to try to see if she qualified for food stamps during the pandemic. I was able to get her information to DCBS who in turn, had me have her fill out a Map 14 form which gave me permission to assist her.

After getting all her information to DCBS, she was eligible to get food stamps and also I was able to put her in contact with a local food distribution center. She was able to receive a food box from a

nationwide food charity who was distributing the boxes here in my community. The box contained many wholesome foods, grain cereal and fresh fruits and vegetables.

Also, during this time she was struggling to pay her rent. I was able to get her in contact with a program through our state that helps with rent and was even retroactive in some cases. She called me and told me how grateful she was to know that there was help that she qualified for. She also said she would have never known about it without the help of Kentucky Homeplace.

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As we continue to work from home, there are still so many needs within the community. I have assisted many clients during this pandemic with setting up appointments for heating assistance through a program in my community. The way they have it set up is you go online, make the appointment and then email all the necessary paper work to the organization so that they could get the heating assistance. Most of my clients that are elderly do not have internet and are not able to travel to drop off the paper work. I would make the appointments and work with their home health nurse or family member and they would send me the documents needed so that I could forward them in an email to the organization. I was able to get my clients approved and they were able to get heating assistance for their homes.

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I have been working with recovery centers to assist folks with various types of needs. One client, had been without any teeth for a few years and needed dentures. He had told me his story of his past addictions and where he had come from and he was so afraid that he could not get any help. He had been to places before and the cost of dentures were so high that he could not afford them. After enrolling him and doing the survey questions, I went over a program that would help him to get his dentures at a lower cost for him. He was so happy that he started crying and couldn't stop thanking me for helping him. Dentures may sound so little compared to other types of assistance but this is one need that is important to some of my clients and I am thankful we have the programs available to help them. My client plans on sending me some pictures when he finally receives them and I am looking forward to seeing his new smile.

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I received a referral from a home health social worker for a woman needing help with her medication cost on insulin. Upon calling her, she explained to me that she had insurance. However, the insurance she has would not cover much of the insulin she needed. She still had to pay a very large amount out of pocket that she could not afford. I looked her insulin up and unfortunately, it was not on any programs that I was able to find. I ask her if her doctor had every tried her on any other insulins

or talked about any others that might work for her? She said she thought the doctor had. Therefore, I looked up the insulins that I knew were on the free programs that would be compatible to the insulin she was taking to discuss with the doctor. When I called, the doctor let me know a specific insulin that would work for her and it was on a program that the client would be able to get it free. The client was very thankful to find out that she would be able to get her needed medicine because of Kentucky Homeplace helping her work through possible solutions.

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This quarter I had a client call me to get help with her Supplemental Income and Medicaid. She was homeless and I had helped her get assistance in housing in the past. This year with the flood she had to leave her home and when she came back to get mail she had letters stating that she was losing her Supplemental Income and Medicaid because she had missed her interview. After many calls I was able to find out what was needed to keep her income and Medicaid. She was very happy that she had a person that she can call to explain letters and direct her to the right places.

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I had a client that called to get help with medicines that his insurance has high co-pays. I was able to send forms for his medicines and get them for him. He was able to get his medicine through the pharmaceutical companies at no cost and was very happy.

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I have been working with a young man that has been living in his car. I was able to assist him in getting temporary housing and heating assistance until we are able to get him more permanent arrangement. I assisted him to get his food stamps updated and back so he has food to eat. He had lost his drivers licenses and I encouraged and assisted him in getting an appointment to get them reinstated so he will be able to look for work.

During the past few months working close with him he has come a long way in getting his life back on track. He has a son and with assistance through KY Homeplace he can finally be able to provide better for his son and have a better life.

KY Homeplace can assist with a wide range of services helping to motivate and encourage clients is a great way to help get their self-esteem and get their lives back on track.

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The past few months have been like no other in the history for KY Homeplace. Clients call and I explain we are all in this together and I am here for them for all their needs. Clients are still afraid of going out for any reason. I encourage them to wear their mask and social distance as much as possible and now encourage them to discuss with their doctor about getting the COVID vaccination. This has been a long year since March 2020 and clients are having a hard time with the isolation. I continue assisting them with their needs to relieve some of their stress, such as medicines, making appointment, heating assistance and etc.

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I received a call from an elderly man today saying he heard that I might be able to help him with getting him his expensive medication. I listened to his needs and got his information for enrollment. He went on to say he had to have this medication to live. He has a horrible skin disease and it was so bad he was one big scab from his forehead to his toes. He said prior to getting the treatment he needed he was to the point of committing suicide. He found a doctor that prescribed him some Enbrel for his skin and within 6 weeks he was totally clear of skin erosion. He said that his doctor took time and really saved his life. He has been on the medication/shots for years now and he is retired. Recently he became age eligible for Medicare insurance. He paid \$5 co-pay for the injections prior to this and his part was going to be over \$1800 a month for 4 injections. He said there is no way he could survive by paying out this much money for medication. The doctor understood the importance of this medication to his patient and has been giving him injections for free for some time now, just taking what insurance paid and that was it. He recently told this man that he could no longer do this for him. The gentleman said he understood and thanked him for being so kind for so long. He said that he has spoken to at least a dozen people and different organizations and this call was the first one that someone really listened to him and gave him hope of getting help. He is over the income for Medicaid assistance so we are going through the Patient Assistance Programs. I told him this will take some time but we will do our best in getting him some help. He was just blown away he said. Even if he didn't get the medication he found hope and that meant the world to him. He just broke my heart. So many struggles on different levels.

---

My story begins with the worst winter storm that we have had in many years in Eastern Kentucky. We received non-stop sleet or freezing rain for a couple of days followed by several inches of snow. There was devastation all around, trees were snapping in two, falling on electric lines, phone lines, houses.

We were very fortunate to have retained our electricity throughout the entire storm and aftermath. One of my clients didn't fare so well. She is disabled and lives in a very rural area, she lives with her sister and her husband. The snow plows and linemen for the electric company along with telephone

service had all been lost due to lines down. Our county had major destruction, the National Guard were called in to assist with making a path for the linemen by cutting trees.

Luckily, she had a generator but she could not get out to get gasoline to run it nor did she have a gas can. She charged up her cellphone in her vehicle, but due to the ice and snow, she couldn't travel to town to get more fuel. She would call me every couple of days to see if I had heard anything about the electric repairs in her area. The Fiscal court would update daily on face book with the electric companies schedule as to where they were anticipating on making repairs the following day.

When her fuel started to get low and she realized that her electricity wasn't going to be on anytime soon, she reached out to me. We tried calling around to get someone to bring her some fuel. I asked if it was okay to put a generic message on face book asking for help, she said yes, please do whatever it takes. I put a question on my page asking if anyone knew "who" to contact. Within minutes someone responded and asked where, I told them the road they lived on that is all I heard. Within the hour, I had a knock on my door. A very nice young pastor asked if he could help and if I had a gas can. I told him yes, he said he didn't have good tires on his truck, but he would get the gas and bring it back to my house if he couldn't make it to her house.

Hours passed and my phone rang, he was able to make it to her house and deliver the gas. He made an additional trip back to town and filled up another can of gas and also filled her propane tank for the grill so they could cook. They ended up being without power for 14 days and without landline phone for 18. Thank goodness for the help of this person, he did all the work, I was just the middle man.

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Since January I have had several clients that have had or called about the PE Medicaid, the one that stands out the most is a family that KHP has helped for years – he travels to Lexington for his treatment and his name is on the Kidney transplant waiting list, the medication that he needs is very expensive, the co-pay for his part after the insurance pays its part is over \$700.00. We worked with the pharmaceutical company to try and get the medication. It seems every year they change the rules a little so that you do not get the medication but this year due to the pandemic insurance he got his medication on time and was told that he was approved for the rest of the year. His wife called and said the insurance you helped my husband get was extended till December 2021 and she said he now isn't stressed on how they were going to make ends meet.

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Strange things happen for good reasons, while I was at an appointment for myself – I was asked where I worked and I told the person and she wrote it all down. I went a little further and explained my program and told her the website to look over. So, about week later I had a call and as usual I asked the new client who referred him and he said a nurse gave him my information and she was

giving it to people like him that had no help and didn't know how to about getting help. He was sick and didn't have insurance and had no job, out of unemployment, homeless –couch surfing. So we started out by getting insurance. Then I got him an appointment for a follow up visit from the hospital and I was also trying to find him a family doctor. He said "While I have the insurance I might as well get well." He said he hasn't had glasses in years, so we called for eye appointment, and then he said he would call for dental when he got the first few appointments taken care of. This client was really happy to finally be able to go to the doctor and not worry about the cost, even if it only last for a little while.

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A local clinic called me for assistance with cost of treatment for a client who had no insurance. I applied this client for pandemic Medicaid where they were approved. Upon approval, the clinic was able to perform necessary screenings and tests. These tests revealed that more significant testing was required to determine the correct diagnosis. These tests required transportation to a larger facility that provided the treatment needed. A local coalition provided gas cards to help with travel cost. Once all tests were performed the doctors were able to determine the cause of pain and discomfort. It turned out that the client is suffering from several auto immune diseases including Crohn's disease and specialized treatment is needed. The gentleman is now living a normal life pain free once he was able to get the correct medication. Once the pandemic Medicaid ended I assisted with applying for traditional Medicaid to cover his ongoing medical treatment.

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During the pandemic I received a call from a lady on fixed monthly income of less than \$500 per month. While assessing her needs I found she was receiving Medicare A and B only. She had no supplement or Part D prescription coverage. I explained to her about low income subsidy and Extra Help would pay her Medicare premiums, part D prescription coverage premiums, and cover the extra 20% she is paying for Dr. visits and tests.

I assisted her with the application and all documents needed for approval. Once approved she was able to have her tests with no copay and pick up her medications for \$3-\$8 each prescription. The pandemic assistance was for only few months out of the year but with assessing her needs she now has coverage for the full year. She was so appreciative and thankful to receive the assistance as she didn't know these services were available to her.

Situations like this is what makes my job so rewarding to see an elderly individual be able to put the cost of her Medicare premiums back into her monthly budget for food and shelter expenses. She was very grateful and appreciative of Kentucky Homeplace and our services.

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It has been taking longer than usual to get medication for clients from some of the Pharmaceutical Companies, especially the insulin. I had two clients that were running out of their medication and their applications had not been approved yet so I was able to call the pharmaceutical company and get an emergency approval for enough Insulin to last them a month to be picked up at the pharmacy of their choice. This helped them with the stress of thinking they were going to run out of Insulin. They got their regular shipment of Insulin within two weeks.

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The first story is a client whom was new to Homeplace. She needed help with medications for diabetes. She had quit taking her diabetes medication because she could not afford to pay her co pay on it. We signed her up as a homeplace client and got her application in with a pharmaceutical company. She was approved and is now getting her medication. This was a huge relief to her and a big help in her medical care. She was extremely excited and very grateful for all Homeplace had helped her. I am currently working with her on some other needs.

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A client recently called me stating she was going to have eye surgery in both eyes. She was looking at having to pay \$250 dollars per eye and she would have these surgeries on separate days. We decided that she could sign up for PE Medicaid and that would cover her out of pocket expenses. She called me recently and stated she had her eye surgery and that it had covered all her out of pocket cost. She was very grateful for the help and said had it not been for Homeplace helping her that she wouldn't have been able to have her eye surgery because she didn't even know that PE Medicaid was an option for her.

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I got a call from a clinic about a couple that needed help with housing, clothing and medical supplies. After speaking with the nurse and getting some information I learned the couple was staying in a hotel and was left here in town by family after coming from out of state for their daughter's funeral. I called the couple and was able to talk with the wife who was the the caretaker to her husband who was in a wheelchair. After speaking for about an hour, the first thing she needed was medical supplies, so I was able to contact a local resource of mine and get everything she needed. Next on the list was housing and after talking with her she told me that someone with the local outpatient mental health agency was helping with permanent housing but that she needed help paying the hotel bill. So, I called local community action agency office and was able to get one week paid for and also a food voucher for a week. I then got a referral from another agency for clothing voucher. After spending about a week back and forth, I was able to see that they got everything that was needed.

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I received a call from a client that had moved back to town and needed help with adult diapers for her husband. She also needed a resource for paying her gas and water bill. I was able to get adult diapers and to do a porch drop-off to the client. Also reached out to a local church and get help with their gas and water bill, got it paid in full.

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I had a man referred to me from another organization that is a diabetic, who had been in the hospital and then the nursing home for rehabilitation due to complications from his diabetes. He was in need of shower chair and wound care supplies. I was able to provide him with a shower chair and have been working with other agencies to help with getting him the gauze and bandages that are not covered by his insurance.

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An agency in my community referred to me the mother of a little girl in need. The little girl had insurance through a managed care organization (MCO) that usually covered her eye exam and glasses, but after a change in the organization they changed the policy on how they covered glasses, but the mother was unaware of this change in policy. The mother had the eye exam done in Lexington (due to the severity of the little girl's eye condition). The mom had the prescription for the glasses but it was missing the pupillary distance (P.D.) which is needed to accurately order glasses. I was able to get a local optometrist take the measurement for the P.D. (since the Lexington office did not have the P.D. on file), so that I could get everything needed to get her a pair of glasses through the New Eyes program. I also reached out to the (MCO) to find out more about the changes in coverage, and to get them to send out a members EOB (Explanation of benefits book).

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I recently completed a toolkit workshop to help some of my clients in the Laurel County community with managing their chronic disease. One client that attended the workshop was very appreciative of the class. The client was actually very hesitant to join the class at first, and she was the one I was calling to help get connected to the call the first few classes. About half way through the classes she was asking when we would be doing another class that she was enjoying speaking with the group so much. It really brought to my attention to how people you are seeking to help with one little thing can dramatically change their outlook and attitude towards their own daily living activities. Each week she was so excited to report the action plans and the tasks that she was able to complete. I feel that she will continue to use the tools that I was able to provide to her throughout the rest of her life and that really made me happy to see how I was able to help her in this isolated time of need and change that we have all faced due to COVID-19.

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I had a client that was already in bad health and his situation worsened as time went on, I learned firsthand that dementia is a horrible disease for the client and maybe worse for the caregivers. The

client had AFIB to begin with along with that he suffered from TIA's (mini strokes) that didn't help the dementia situation, as time went on his memory is what suffered. The cardiologist said he had the heart of a 50-year-old, which was good since he was much older than that. He stayed home as long as his wife could care for him. The VA had a program that helped with any of the equipment she needed, the house was full of wheelchairs, transport chair, potty chair a big aluminum ramp anything they asked for was delivered to their home. The one thing they couldn't do was convince him to drink water and therefore he stayed in dehydration all the time, he'd say I'm not thirsty, and he would not drink. As he dehydrated further his mental state would worsen and then there was the ever-present UTI to deal with. Finally, he was admitted to the hospital and first thing they did was an IV which in 12 hours or so he was wanting to know why he wasn't at home. The story goes on and on until the last trip to the hospital and it was like a switch flipped, the IV didn't work this time, and he just went to a sleep state and never work up. Hospice was called and he was released to go home. He wasn't in a nursing home because of COVID, they couldn't take anyone in at the time, and his name was on the top of the list. I got a phone call from the client's wife that hospice was on the way with his hospital bed and he would be home soon. My mind raced, how she was going to care for him at home, there was no way not in the shape he was in. At the moment I hung up the phone with the client it rang again and it was the nursing home saying they could take him as they were COVID clear. I called her right back and asked which she felt she would rather do, bring him to the nursing home or try to care for him at home. She chose nursing home. I know this story rambles and you may think why I would share all this. IF, Kentucky Homeplace had not been here, I would not have known all the programs and services that helped to get the VA involved so I could help this family. I would not have known how to contact hospice. I would not have known someone at the nursing home to help get a bed for this client. I would not have known about TIA's, IV's, dehydration and dementia. Kentucky Homeplace is a critical part of our community.

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I have been working with an elderly diabetic client who only got services for medication assistance, which was for her insulin. We would renew her application in a timely manner and she would rarely ask for anything more than that. She was very humble and appreciative and never asked for more than needed and although they didn't qualify for many free programs they were just making ends meet at home and couldn't purchase the insulin on their own.

When COVID-19 came along we faced a new set of challenges and so did our families. Not only did our families but even the clinics and their PCPs. My client had insulin being delivered to her clinic because she doesn't always get packages at home. Her meds were misplaced on one occasion and reordered and then there was another issue that resulted in the insulin being lost. The clinics were trying to figure out ways that they would work and serve their patients in person and they started to see some turn over due to COVID-19 fears. It proved to be difficult for my client because we had exhausted all our extra opportunities to get the insulin and she was getting ill. Her doctor wanted to have her admitted to the hospital but not only did she fear not being able to afford it she was also

scared she may get COVID-19 as well. She was however starting to get sick and she was out of options.

During COVID-19 we have had the ability to help clients apply for Presumptive Eligibility Medicaid with higher income guidelines and immediate approval. My client had no prescription insurance and what insurance she had only covered a portion of her hospital admissions. We applied for PE Medicaid and she was approved right away. Still there was an issue, she hadn't had meds in weeks and her doctor said she was in danger if she didn't get the insulin as soon as possible. It's not uncommon for it to take 24 hours before PE Medicaid shows active for billing but she needed her insulin now. I called the pharmacy and explained the situation and that she had been approved, after some discussion they agreed to allow her to pick up the insulin and they would take care of the billing. My client simply needed to drop off a copy of her new temporary Medicaid, pick up the prescription and go to the doctor's office so they could administer and monitor for a short time to be sure she didn't need to be admitted. When I explained to her what the plan was she nearly dropped to her knees in the parking lot in tears. Her husband starting on his way to pick her up hit his own knees in tears from so many mixed emotions and they begged me to let them do something to repay me, I asked for one thing, "Take care of your health the best you can."

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So many people have been faced with income changes since COVID began in March 2020. A lot of people are still working their same jobs just with a mask and maybe a change in pace but it still makes things financially difficult while families are trying to adapt to changes that result in more financial hardship. A lot of my clients in need are typically of lower incomes. However, more and more families of a lower middle class have come forward for assistance. They are the people who sometimes find themselves falling through the cracks. They are slightly above any requirements that would allow them to qualify for benefits and they simply don't make enough money to avoid living day by day let alone paycheck to paycheck. I had a mother who needed help with food. Her income at first glance seemed to be what you would expect from someone who typically wouldn't need the extra resources for food but that's the important thing you must know about being a Community Health Worker is that we cannot assume that a person is well enough that they do not need our help since we can't be sure of what is going on. Her children were staying home from school and she was having to pay for a sitter which she normally would not have to do. She was also newly divorced and still not qualifying for assistance she was now on a one income household. She knew that pandemic electronic transfer benefits would come at some point but in the meantime there weren't a lot of options. She was working during the pickup time for food boxes at the school which had enough food for two meals per day for all school age children. I was able to call and make arrangements for our Family Resource Center to deliver food box to her home while the sitter was there and she didn't have to worry so much about her kids not having proper meals while they were away from school. Her extra grocery money was now going for a babysitter.

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While working from home during the COVID-19 pandemic, I have been really challenged to meet the needs of my clients. Medication applications take longer to get signed, programs for needed medical equipment have nothing to offer. But I have been able to meet each challenge given by my clients, by working with my community. I have been able to assist a client with a very much needed wheelchair simply by phoning into the local market place radio program. Contacting churches to have food baskets delivered to clients that have lost their jobs. Making sure all the leg work is done for assisting with medications by working closely with physicians' offices. Completing P.E. Medicaid applications for clients who have never been able to qualify for any type of insurance without having to pay high premiums.

Although there has been challenges, I have assisted clients with updated education on COVID -19, directed and scheduled appointments for sliding scale dental clinic, completed P.E. Medicaid applications and comforted worried elderly clients.

## Kentucky Homeplace CHWs

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