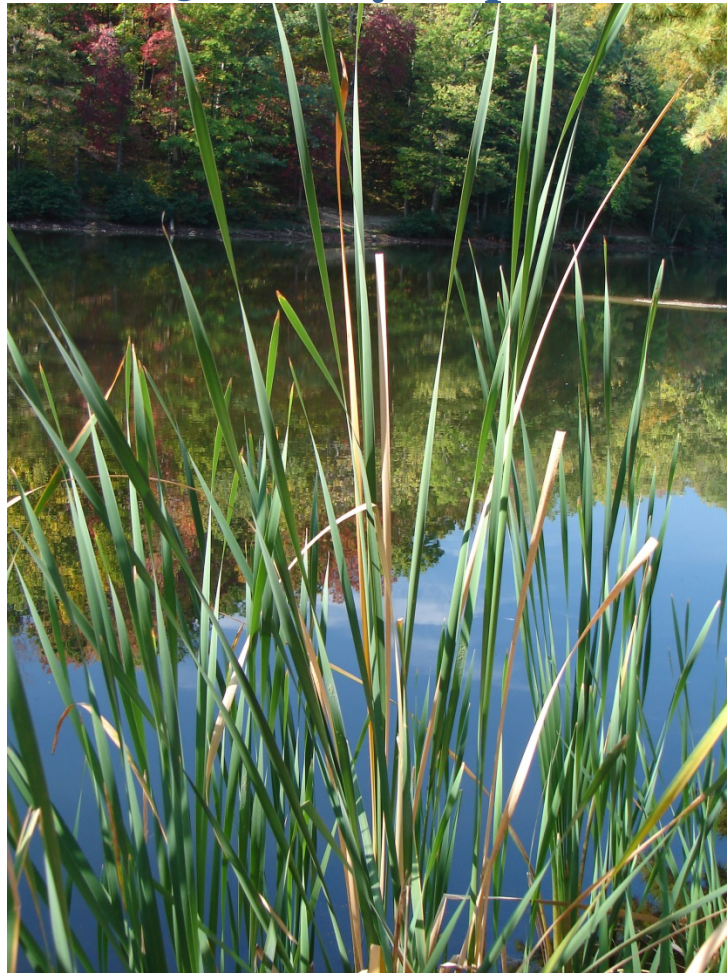


**UNIVERSITY OF KENTUCKY**

*Kentucky Homeplace*

**July 1, 2015 – September 30, 2015  
Quarterly Report**



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

Funding for this program is made possible in part by the Kentucky Cabinet for Health and Family Services.



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Front page photograph taken on Little Shepherd's Trail in Letcher County  
Kentucky, courtesy of Karen Pratt.



# Kentucky Homeplace

My Fellow Kentuckians:

Kentucky Homeplace emphasizes education for clients on chronic disease management, healthier lifestyles and stressing preventative care. Kentucky Homeplace is reopening and providing services to Bath, Menifee and Jackson Counties. With the expansion, the program will serve 30 counties in the eastern portion of the state. Much of the population in Eastern Kentucky suffers from high poverty rates, chronic disease and cancer rates and poor health outcomes compared to the rest of the state. Our CHWs work diligently every day providing health coaching and care coordination to their clients in efforts to improve the overall health of the people of the Commonwealth. Our goal is to assist clients to maintain the best possible health that they can by assisting them while they navigate the often complicated healthcare system. The following report reflects the CHWs activities regarding care coordination, number of services, service values and medication values and also collective information on the health status of our clients.

## *Quarterly Summary*

For the period July 1, 2015 - September 30, 2015 the number of Community Health Workers (CHW) provided services for **1,486** clients. Of these clients, **1,316** were involved in care coordination activities. Excluding administrative time and time spent on trainings, the CHWs logged **2,734** hours on care coordination activities. Total CHW hours equal **2,734** hours with a service value of **\$68,541**, the amount of medication accessed totaled **\$1,449,816** and other service values (not medications) accessed totaled **\$349,781** for a combined total of **\$1,868,138**.

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 Reports tab, Quarterly Reports and then click on July-September 2015. 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,



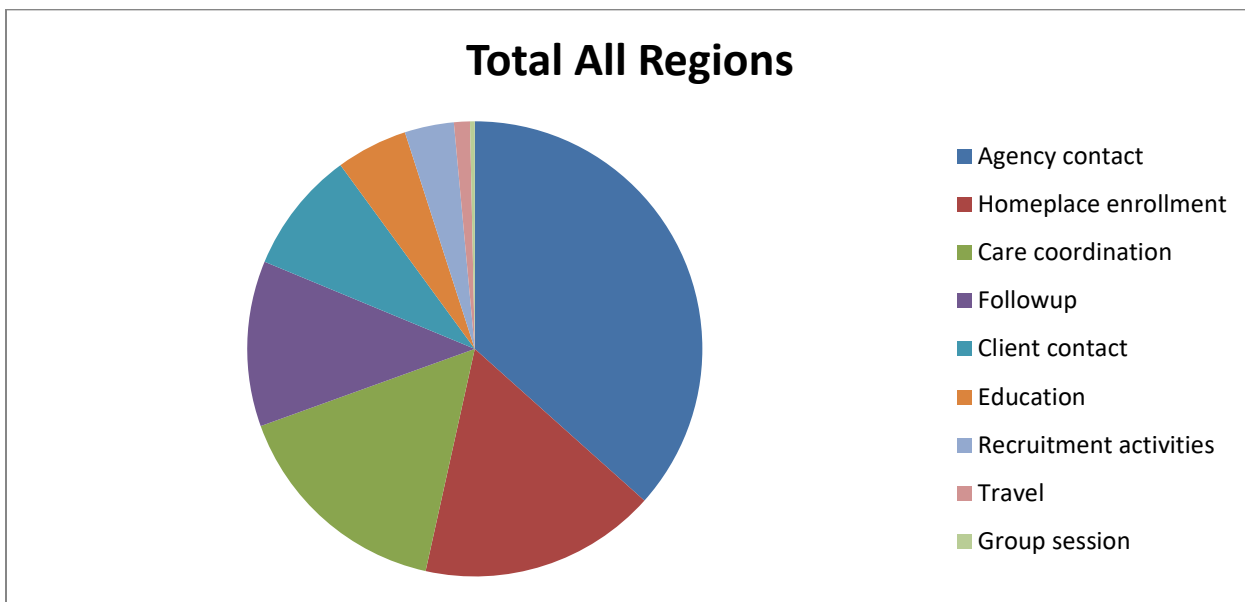
William Mace Baker, RN  
Director, Kentucky Homeplace Program



# Activity Summary

(Clients visited: 07/01/2015 – 09/30/2015)

Activity	CHW Hours
Agency contact	1,001.00
Homeplace enrollment	460.80
Care coordination	438.07
Follow-up	321.60
Client contact	237.80
Education	138.83
Recruitment activities	95.67
Travel	31.00
Group session	9.17
<b>Grand Total:</b>	<b>2,733.94</b>

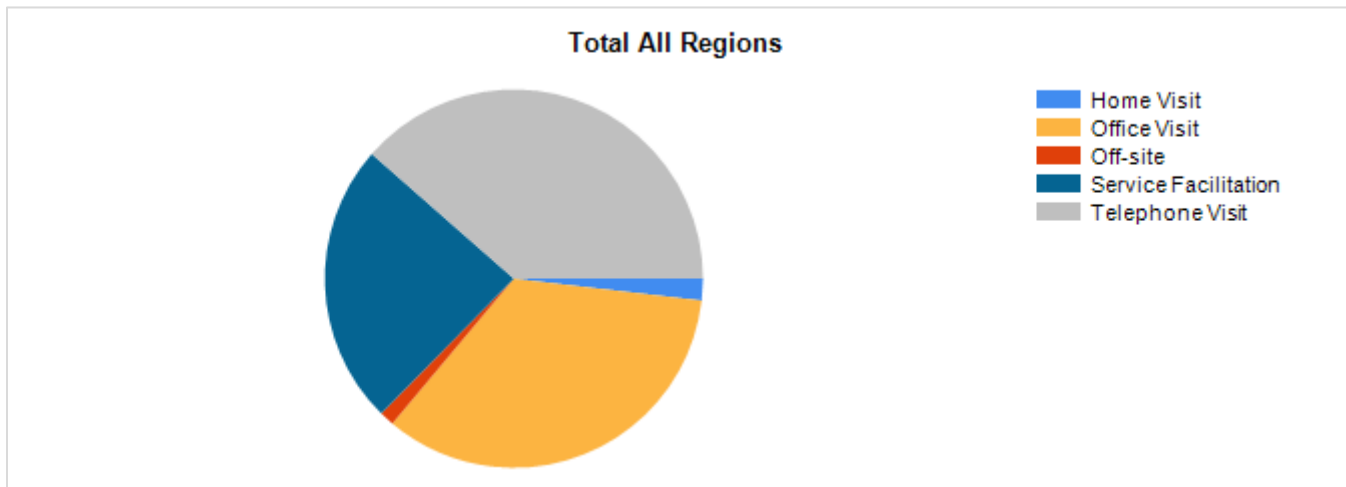


Total service value for 2,734 hours equals \$68,541.

# Visit Summary

(Clients visited: 07/01/2015 – 09/30/2015)

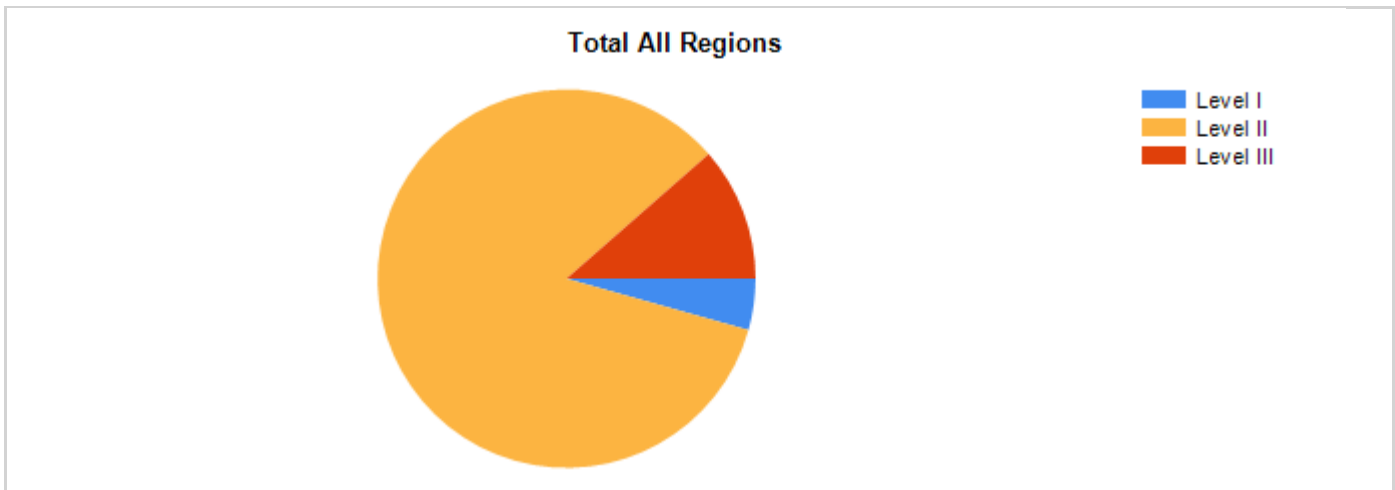
Visit Type	Client Visits
Telephone Visit	1,648
Office Visit	1,465
Service Facilitation	1,030
Home Visit	79
Off-site	54
<b>Grand Total:</b>	<b>4,276</b>



# Care Level Summary

(Clients visited: 07/01/2015 – 09/30/2015)

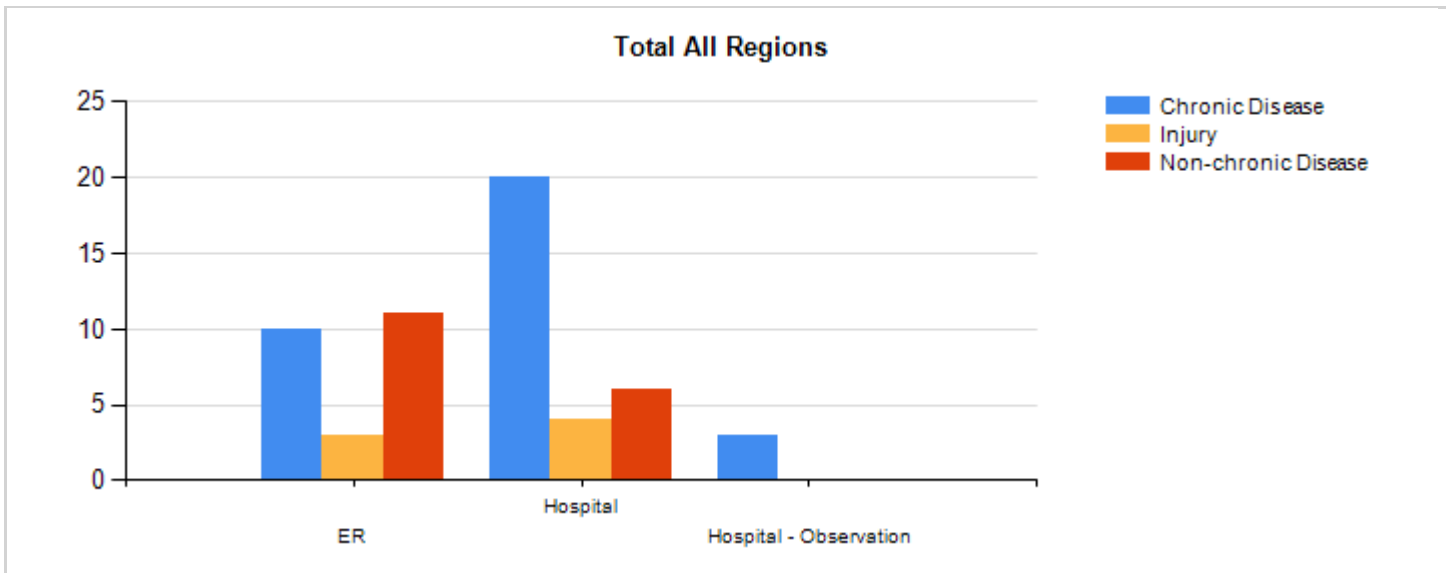
Care Level	Clients
Level I	65
Level II	1,251
Level III	170
<b>Grand Total:</b>	<b>1,486</b>



# Hospital-ER Summary

(Clients visited: 07/01/2015 – 09/30/2015)

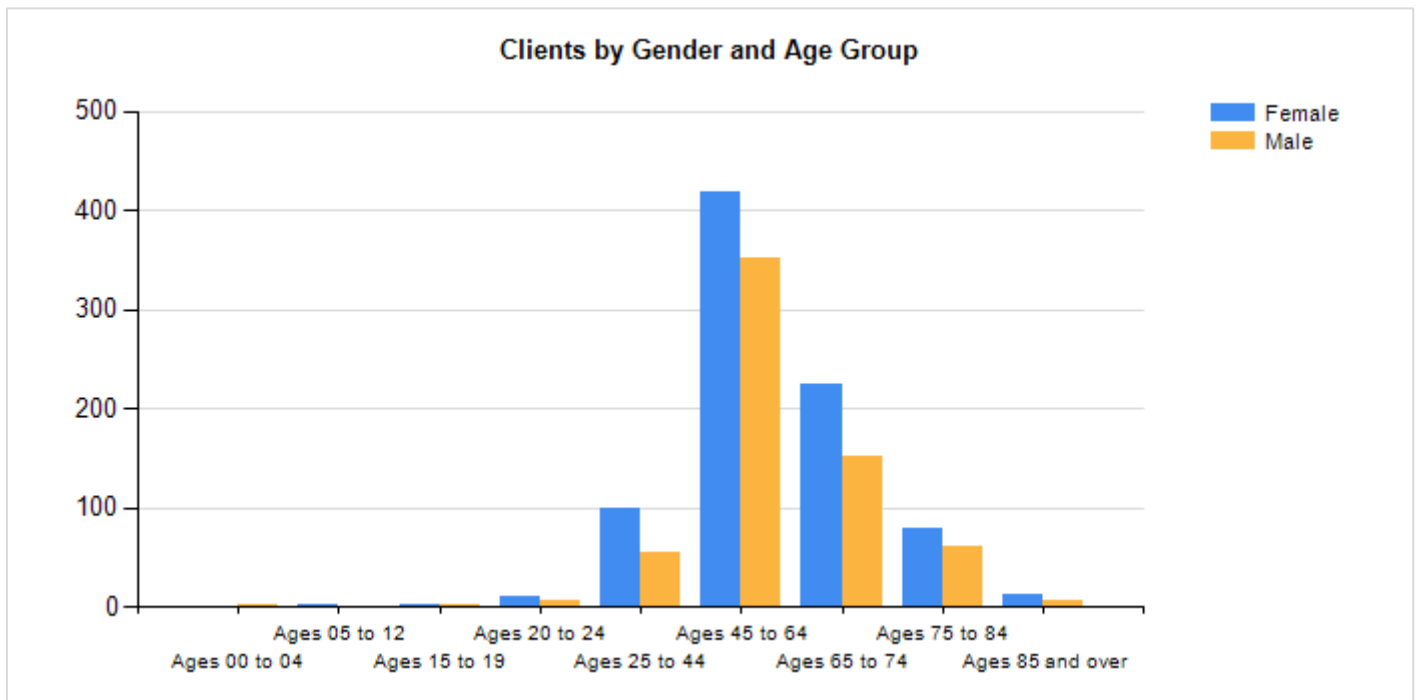
Episode Type	Reason	Episodes	Days Stay
ER	Chronic Disease	10	0
ER	Injury	3	0
ER	Non-chronic Disease	11	0
Hospital	Chronic Disease	20	98
Hospital	Injury	4	26
Hospital	Non-chronic Disease	6	34
Hospital - Observation	Chronic Disease	3	0
<b>Grand Total:</b>		<b>57</b>	<b>158</b>



# Age Gender Summary

(Clients visited: 07/01/2015 – 09/30/2015)

Age Group	Female	Male
Ages 00 to 04	0	3
Ages 05 to 12	2	0
Ages 15 to 19	2	1
Ages 20 to 24	11	7
Ages 25 to 44	100	55
Ages 45 to 64	419	352
Ages 65 to 74	224	152
Ages 75 to 84	79	61
Ages 85 and over	12	6
<b>Totals</b>	<b>849</b>	<b>637</b>
<b>Median Age</b>	<b>60</b>	<b>61</b>

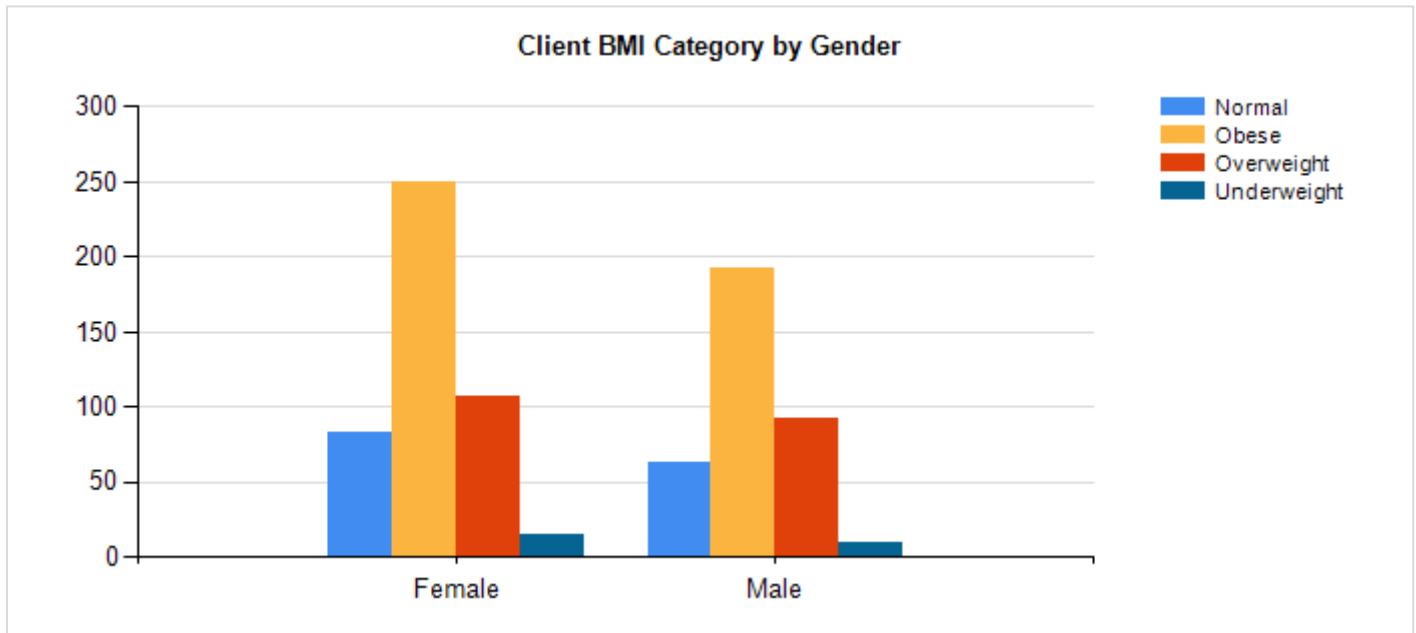




## BMI Category Summary

(Clients visited: 07/01/2015 – 09/30/2015)

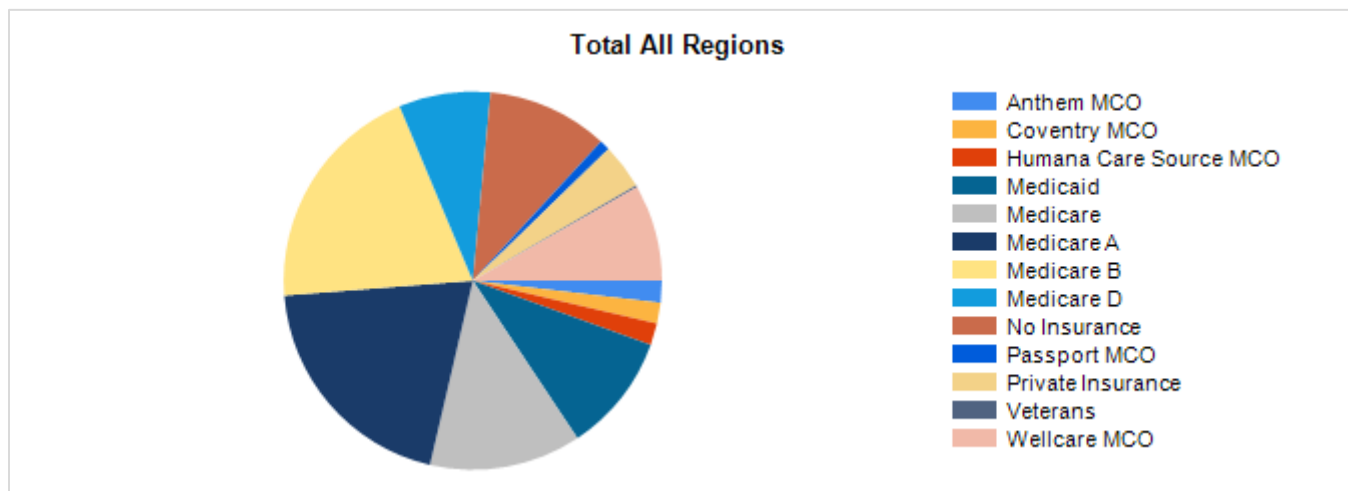
Gender	Bmi Category	Clients
Female	Normal	83
	Obese	250
	Overweight	107
	Underweight	15
	<b>Total:</b>	<b>455</b>
Male	Normal	63
	Obese	193
	Overweight	93
	Underweight	9
	<b>Total:</b>	<b>358</b>
	<b>Grand Total:</b>	<b>813</b>



# Insurance Summary

(Clients visited: 07/01/2015 – 09/30/2015)

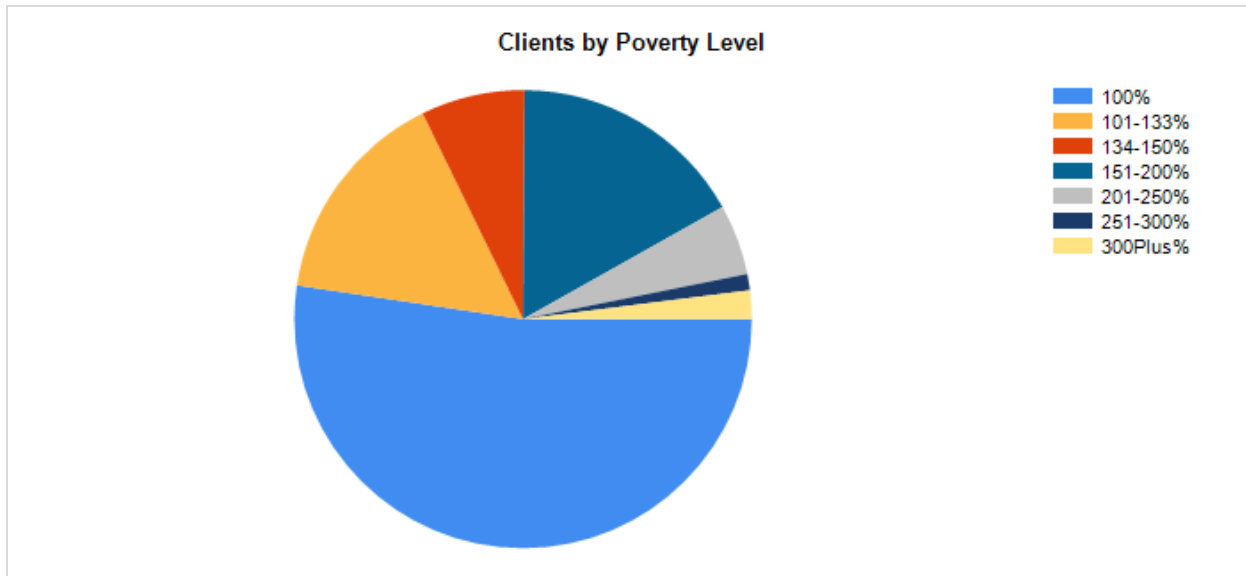
Insurance Type	Clients
Medicare A	495
Medicare B	491
Medicare	320
No Insurance	255
Medicaid	250
Wellcare MCO	203
Medicare D	193
Private Insurance	95
Humana Care Source MCO	46
Anthem MCO	46
Coventry MCO	44
Passport MCO	22
Veterans	4
<b>Grand Total:</b>	<b>2,464</b>



## Poverty Level Summary

(Clients visited: 07/01/2015 – 09/30/2015)

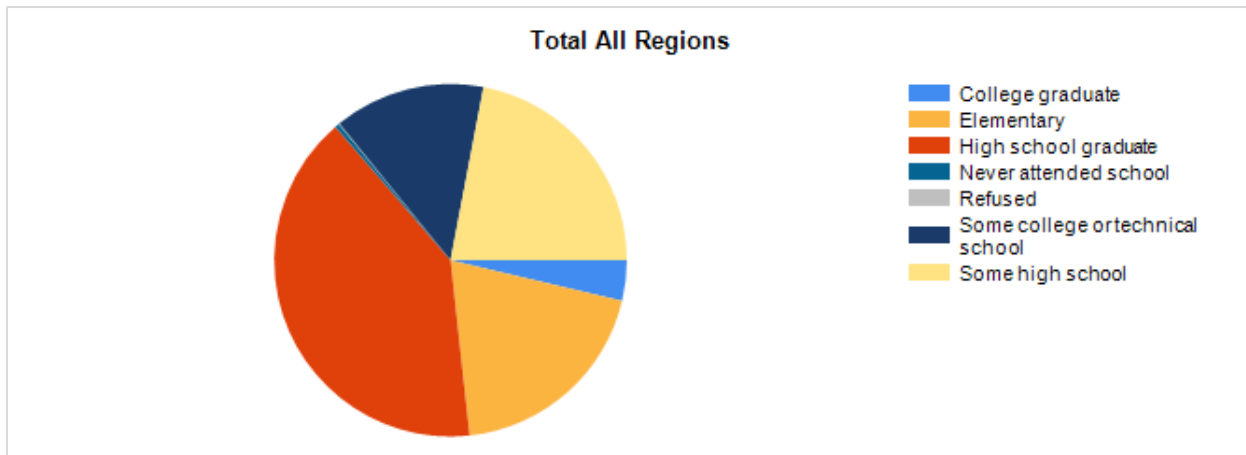
	100%	101-133%	134-150%	151-200%	201-250%	251-300%	300Plus%	Total
<b>Clients</b>	778	229	109	249	74	17	30	1,486



# Education Level Summary

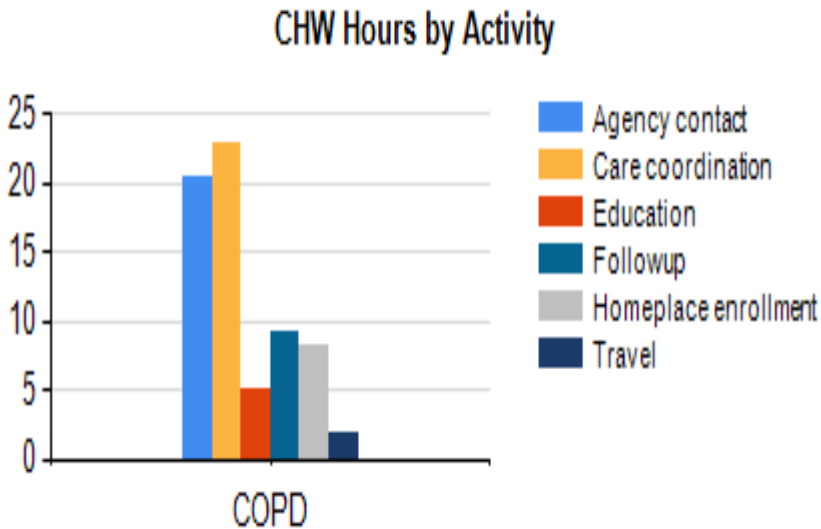
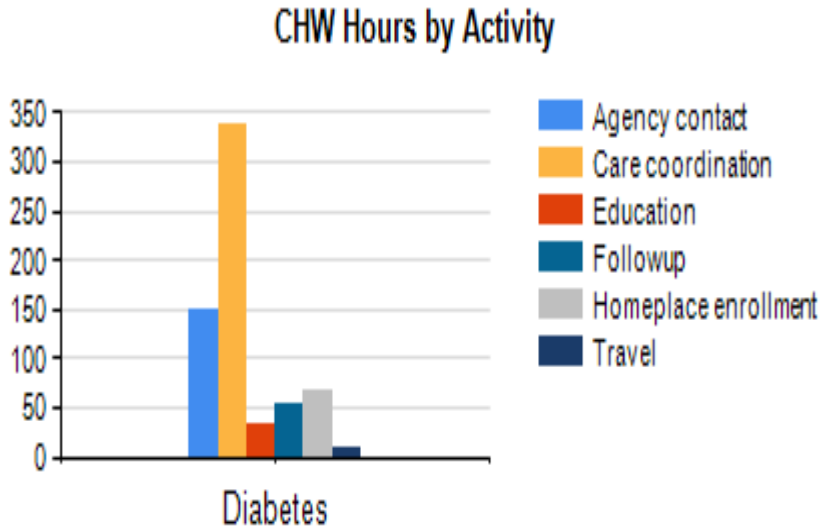
(Clients visited: 07/01/2015 – 09/30/2015)

Education Level	Clients
Never attended school	6
Elementary	291
Some high school	327
High school graduate	600
Some college or technical school	206
College graduate	55
Refused	1
<b>Grand Total:</b>	<b>1,486</b>



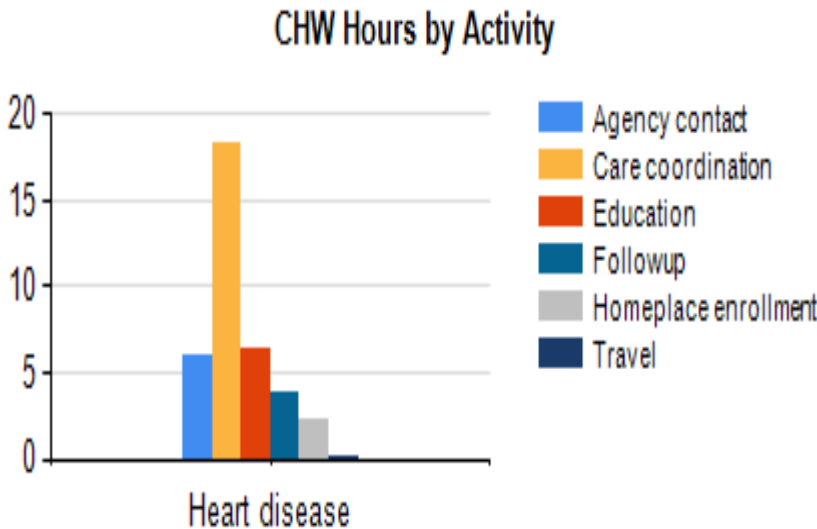
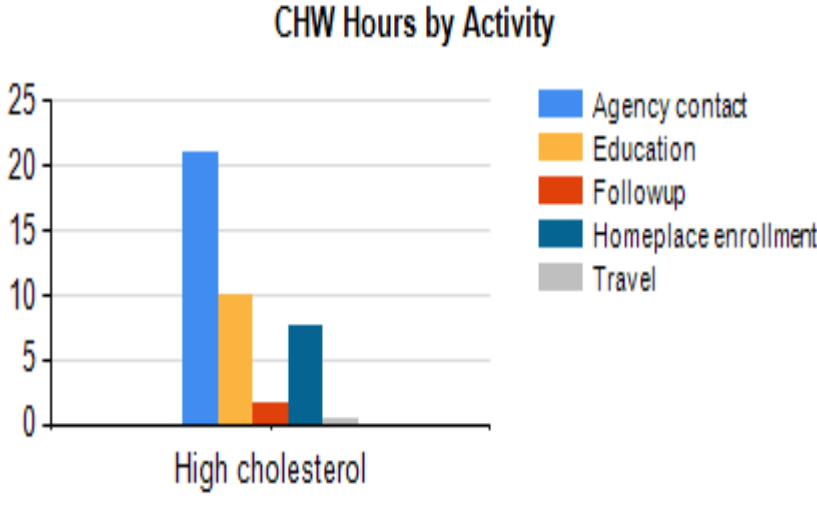
## Need Activity Summary-Disease

(Clients visited: 07/01/2015 – 09/30/2015)

Need	Activity	CHW Hours
<p><b>CHW Hours by Activity</b></p>  <p>COPD</p>	Care coordination	22.75
	Agency contact	20.50
	Followup	9.28
	Homeplace enrollment	8.17
	Education	5.08
	Travel	1.83
	<b>Total:</b>	<b>67.61</b>
<p><b>CHW Hours by Activity</b></p>  <p>Diabetes</p>	Care coordination	336.20
	Agency contact	149.47
	Homeplace enrollment	66.58
	Followup	55.42
	Education	33.58
	Travel	8.55
	<b>Total:</b>	<b>649.80</b>

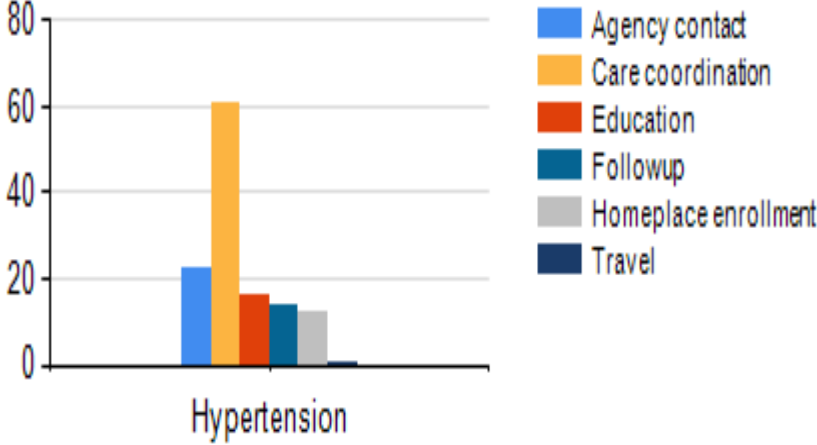
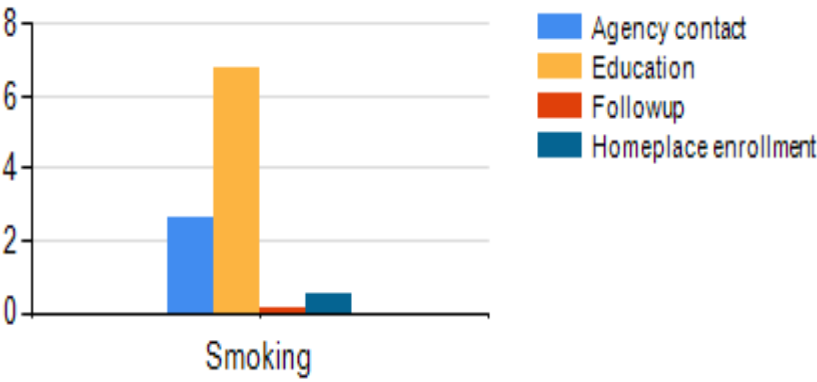
## Need Activity Summary-Disease

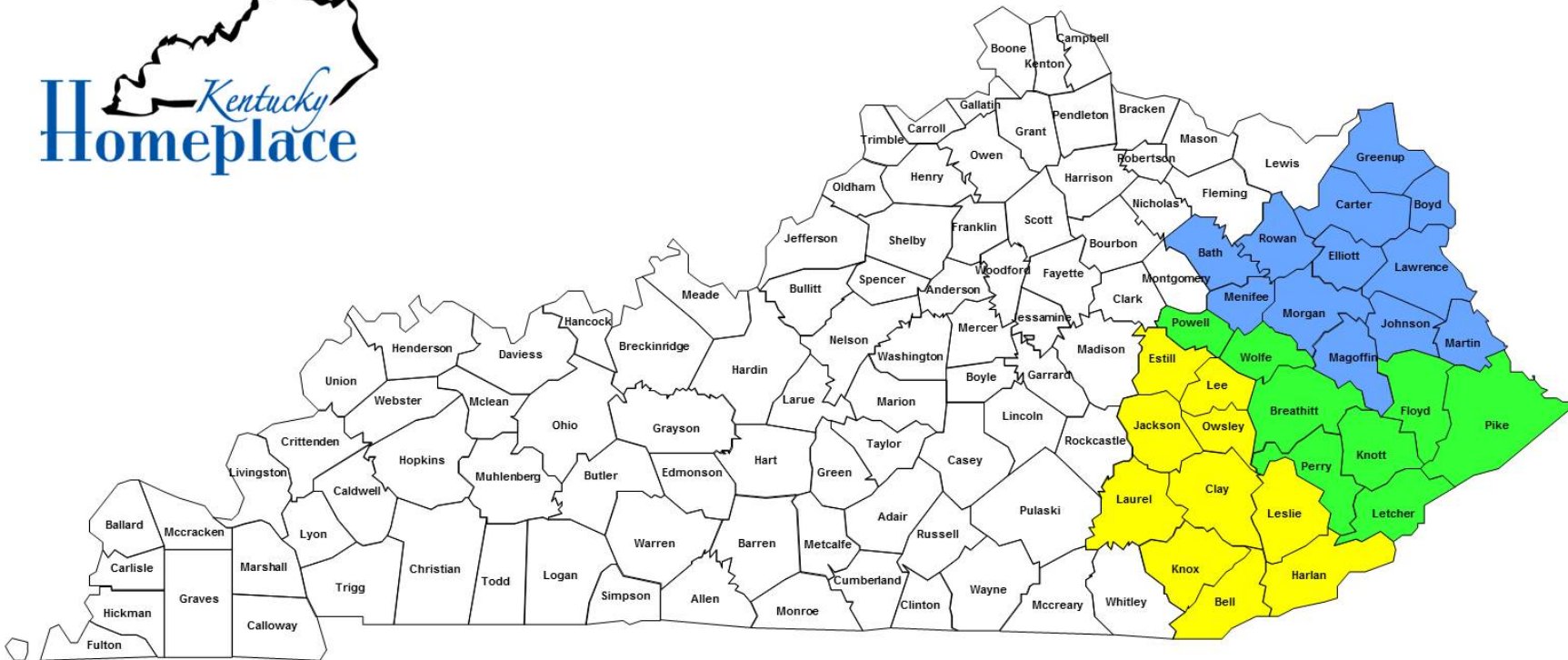
(Clients visited: 07/01/2015 – 09/30/2015)

Need	Activity	CHW Hours
<p><b>CHW Hours by Activity</b></p>  <p>Heart disease</p>	Care coordination	18.32
	Education	6.33
	Agency contact	5.92
	Followup	3.90
	Homeplace enrollment	2.25
	Travel	0.08
	<b>Total:</b>	<b>36.80</b>
<p><b>CHW Hours by Activity</b></p>  <p>High cholesterol</p>	Agency contact	21.08
	Education	10.00
	Homeplace enrollment	7.50
	Followup	1.67
	Travel	0.08
	<b>Total:</b>	<b>40.33</b>

# Need Activity Summary-Disease

(Clients visited: 07/01/2015 – 09/30/2015)

Need	Activity	CHW Hours
<p><b>CHW Hours by Activity</b></p>  <p>Hypertension</p>	Care coordination	60.80
	Agency contact	22.58
	Education	16.00
	Followup	13.55
	Homeplace enrollment	11.92
	Travel	0.92
	<b>Total:</b>	<b>125.77</b>
<p><b>CHW Hours by Activity</b></p>  <p>Smoking</p>	Education	6.75
	Agency contact	2.67
	Homeplace enrollment	0.50
	Followup	0.17
	<b>Total:</b>	<b>10.09</b>



**Southern Region (888) 220-3783**

**Southeast Region (855) 253-0910**

**Northeast Region (888) 223-2910**





**Kentucky Homeplace Program Director,  
Regional Coordinators  
and  
Community Health Workers**



**Pictured left to right**

First row: Cecily Spicer, Ratisha Roberts, Katherina Hamilton, Janet Kegley (Regional Coordinator), Vanessa Fields, Helen Collett (Regional Coordinator), Carole Frazier, Alexandra Robinson.

Second row: Ralph Fugate (Regional Coordinator), Beverly Blackburn, Samantha Bowman, Michelle Ledford, Shirley Prater, Barbara Justice, Judy Bailey, Kathy Slusher, Pollyanna Gilbert, Paul Federick, Kayla Gilliam, Mace Baker (Director).

# Regional Summaries

## Northeast Region

<b>Janet Kegley</b>	<b>Regional Coordinator</b>
<b>Judy Bailey</b>	<b>CHW (Johnson &amp; Magoffin)</b>
<b>Kala Gilliam</b>	<b>CHW (Rowan)</b>
<b>Terra Kidd</b>	<b>CHW (Boyd)</b>
<b>Angela McGuire</b>	<b>CHW (Lawrence &amp; Martin)</b>
<b>Shirley Prater</b>	<b>CHW (Morgan &amp; Elliott)</b>
<b>Alexandra Robinson</b>	<b>CHW (Greenup)</b>
<b>Elizabeth Smith</b>	<b>CHW (Carter)</b>

In July the Northeast Region attended Staff Appreciation Day and training on Motivational Interviewing in Hazard. In August, the region attended Mental Health First Aid training at the Northeast Regional office. The group also attended the Chronic Disease Self-Management Program (CDSMP) which is a six-week workshop for individuals with a chronic disease.

Judy Bailey works in both Magoffin and Johnson County. This quarter Judy has attended the Big Sandy Diabetes Coalition meetings at Highland Regional Hospital. She attended the Johnson/Magoffin County Health Fair. Judy completed a one year follow-up with her clients that had completed the IDO II (Improving Diabetes Outcome) program. Judy visited with several school resource centers to inform them about Kentucky Homeplace.

Kala Gilliam has been working with Dr. Roberto Cardarelli and Jennifer Schilling on a study called the Bridges-to-Home Project. Kala will complete her part in the study this quarter and will be moving into the new Rowan County Homeplace office where she will be taking care of the residents of Rowan County.

Terra Kidd is a member of the Healthy Choices Healthy Community Coalition. Terra attends the Boyd County monthly interagency meetings. She attended Redifests at the Boyd County Middle School; the Ashland Independent School and at Crabbe Elementary School. Terra takes part in the Boyd County Senior Citizens weekly Lunch and Learn sessions.

Angela McGuire along with Regional Coordinator, Janet Kegley attended the Lawrence County Medical Society and visited with several department heads to present Kentucky Homeplace. Angela attended the Martin County Community Health Fair Planning Committee meetings and also attended the fair. She attends the Lawrence County Diabetic Support Group meetings at the UK Extension office. She attended the Blaine Elementary School Readifest and Back to School Bash at Roy Collier Community Center-Inez. Angela received a donation of twenty fans from the Lawrence County Rotary Club to give out to her clients during the hot summer. She attends both the Lawrence County interagency meetings and the Health Advisory Team meetings each month. Angela, along with CHW Beth Smith, set up an informational booth at the Kings Daughters

Medical Center Vendor Fair; she has attended the Big Sandy Diabetes Coalition meetings at Highlands Regional Medical Center in Prestonsburg and Septemberfest in Louisa. Angela completed a one year follow-up with her clients that had completed the IDO Phase II (Improving Diabetes Outcome) program. Angela held her annual Diabetes Shoe Clinic in September.

Shirley Prater attended the Terminate Lung Cancer meeting in Hazard. She attended the Elliott County Ready Fest and the Morgan County Back to School Event. Shirley is part of the Database Team and has attended the meetings in Hazard. She presented Kentucky Homeplace to the Elliott County Seniors. Shirley completed a one year follow-up with her clients that had completed the IDO II (Improving Diabetes Outcome) program. She assisted with the “Working Together for Health Fair along with the Elliott County Extension office.

Alexandra Robinson is a member of the Greenup County Diabetes Coalition and attends the Greenup County interagency meetings when held. Alex completed a one year follow-up with her clients that had completed the IDO Phase II (Improving Diabetes Outcome) research program.

Beth Smith along with CHW Angela McGuire setup an informational booth at Kings Daughters Medical Center Vendor Fair in Ashland; she also attended the Carter County Ready Fest. Beth completed a one year follow-up with her clients that had completed the IDO Phase II (Improving Diabetes Outcome) research program.

Janet Kegley Regional Coordinator assisted with the Homeplace Database Team. She assisted with setting up the Elliott County Annual Health Fair. She is a member of the Partnership for a Healthy Elliott County and attended the Big Sandy Diabetes Coalition Meeting in Prestonsburg. Janet opened two new offices in Bath & Rowan counties. Presented the Kentucky Homeplace Program to the Elliott County Interagency Meeting and traveled with Angela to Three Rivers Hospital to present Kentucky Homeplace to several departments and then traveled to Lawrence County Medical Society to present Kentucky Homeplace. Assisted CHW’s with IDO one year follow-up and along with Johnnie Lovins held the six-week Chronic Disease Self-Management Workshop.

# Regional Summaries

## Southern Region

<b>Helen Collett</b>	<b>Regional Coordinator</b>
<b>Michelle Ledford</b>	<b>CHW (Clay)</b>
<b>Samantha Bowman</b>	<b>CHW (Lee, Owsley)</b>
<b>Paul Frederick</b>	<b>CHW (Knox)</b>
<b>Kathy Slusher</b>	<b>CHW (Bell)</b>
<b>Ratisha Roberts</b>	<b>CHW (Estill)</b>
<b>Vanessa Fields</b>	<b>CHW (Leslie)</b>

In July the Southern Region attended Staff Appreciation Day at the Center of Excellence in Hazard, KY. Helen K. Collett, Regional Coordinator received her 20 year award of service pin with the University. All Community Health workers have been attending a Chronic Disease Management workshop lead by Mace Baker and Johnnie Lovins.

Paul Frederick, CHW for Knox County attended a Knox County Health Care Coalition meeting, Senior Adult Health Day at Grace Methodist church, Readifest back to school at Barbourville Elementary and spoke to the residents of Sowder's Housing Manor and Mixon Manor. Paul also completed the one year I DO II follow-up with his clients.

Michelle Ledford, CHW for Clay County attended a meeting with Christian Appalachian Project and completed the one year I DO II follow-up with her clients.

Vanessa Fields, CHW for Leslie County attended an 8 hour mental health first aid training, Red Bird Health Fair and a meeting with Johnnie Lovins, Mace Baker and Helen Collett at the ARH Mary Breckinridge Hospital. During this meeting, we introduced our program to several hospital employees.

Kathy Slusher, CHW for Bell County attended Readifest at Rightfork School

Samantha Bowman, CHW for Lee and Owsley held a COPD support group meeting at which B&H Apothecary attended and educated the 12 participants. Samantha also attended the Beattyville Elementary Readifest.

# Regional Summaries

## Southeast Region

<b>Ralph Fugate</b>	<b>Regional Coordinator</b>
<b>Pollyanna Gilbert</b>	<b>CHW (Wolfe and Powell)</b>
<b>Barb Justice</b>	<b>CHW (Pike)</b>
<b>Kathy Hamilton</b>	<b>CHW (Floyd)</b>
<b>Carole Frazier</b>	<b>CHW (Perry)</b>

This was another very productive quarter for the Southeast Region. All our CHW's continue to play active roles in each of their prospective counties with a goal of improving the health outcomes for all the clients they serve.

In September, the Southeast region attended the Colon Cancer Fit Health Day held at the Perry County Extension agency. Each CHW also attended the Chronic Disease Management training which was done in West Liberty as well as the UK Center for Rural Health in Hazard.

Kathy Hamilton attended the Big Sandy Diabetes Coalition, St. Josephs Senior Health Festival, and also Big Sandy Community Action meetings.

Pollyanna Gilbert attended the Wolfe County interagency meeting, the Wolfe County Senior Citizens LiHeap committee meeting, and organized IDO follow up as well as held three separate Diabetic Shoe Day events.

Barb Justice attended the Big Sandy Regional Interagency meeting, the Pike County Community Action meeting, organized IDO follow up event, as well as several Diabetic Shoe Days.

Carole Frazier attended Back to School Bashes for Perry County and Hazard schools, Help Improve Cancer Screening Rate seminar, IDO follow up Day, set up at the ARH Customer Appreciation Event, as well as participated in the Big Box Food Giveaway. Carole also has assisted with the fire victims that were affected by the downtown Hazard fire. She has been active in helping those families find food, clothes, and shelter.

Overall, our CHW's are making a lasting impact on their communities. Each day presents new opportunities for our staff to be able to provide quality services for those clients we serve and help them live a better more productive life.



# Client Encounters

## Actual Situations Encountered by Community Health Workers

July 1, 2015-September 30, 2015

- A very nice older man came into my office needing answers to many questions. He said that he had been everywhere and all they could say was to go talk to the “Homeplace Girl”. He said well, here I am I need help. I began entering his information into the database. The more he talked, the more I learned just how badly he needed help. My new client had lost everything in a house fire early last year on one of the coldest nights of the year. Currently, he lives in a camper on the site of the burned down home. My client told me he didn’t need much to live on but, would love to be able to hear. His hearing aids were lost in the fire. I called an agency we work with to get him pre-approved and scheduled his appointment for a hearing evaluation. I also contacted another agency that we work with and they agreed to pay the whole cost of the hearing aid for my client.

I am now working on getting him some help with the cleanup of his property and hopefully a better place to live. I told him everything will take time. He said he was just happy to have someone really listen to him and not just send him to someone else.

- I have been working in a hospital as a Community Health Worker. While working here, I have gained knowledge and a better understanding of how the healthcare system really works. It is my job to help patients find the resources they need when they go home. These resources are beneficial to the patient, not only to get the things they need but it could also help by lowering their readmission back into the hospital. There have been many patients that I have helped here who were in need of many different resources. I had one particular patient that was in desperate need of a wheelchair. She could not ambulate well and her constant falling was what was causing her to be readmitted into the hospital. Her insurance was not willing to pay for a wheelchair so it was up to the patient to buy herself one. She explained to me that she was on a fixed income and there wasn’t enough funds left over to purchase a new or used chair. My heart was heavy for her and at the same time, I was anxious to look for her a wheelchair. I knew exactly what resource I was going to pull first for her and that was Kentucky Homeplace. We sometimes get donations from the community or clients that no longer need their medical supplies and we give them to people who need it. I sent out a message to the Community Health Workers in my region and asked if anyone had a donated wheelchair. It just so happened, we had one left and it was exactly what the patient needed. My cup was running over with excitement to tell the patient we had a wheelchair. When I told the patient that we had one, she was in tears. She thanked me over and over for finding her a wheel chair. My co-worker and myself got it all cleaned up and got it ready for the patient for when she came to KHP to get it. Being a Community Health Worker is rewarding through the blessings of helping others.
- I sent a client to Remote Area Medical for extensive dental work. This client had a prior evaluation done and it would of cost him over \$6,000 for the amount of dental work that he needed. We had attempted to get him some assistance in paying to remove his teeth but he made too much money. RAM was his only choice. He arrived on Thursday July 16 and waited in line. By 6 pm he was given the number 329. The rest of the evening he stayed in the parking lot talking with others who were there. When he woke up on Friday July 17<sup>th</sup>, he stated that there were 1000’s of cars there. By 6 am he was being triaged and having all of his health checks done. By 7:30 he was in the dental area, he was screened and given an x-ray. By 9:30 -10:00 am he was in the dental chair. He was attended to by a doctor and dental hygienist. The area for the dental was a large open air tent that was described as having a central hub with about 50 chairs all around. The dentist proceeded to numb his mouth and removed 6 teeth on bottom and 9 on top by pulling them and then surgically removed 3 other teeth that were below the gum line. Both during and after the procedure my client stated that he had very little or no



pain. He was given 2 prescriptions for pain and swelling but really didn't have to take many of them. My client reported that he had never seen a more polite, well educated, and caring group of volunteers, there was always someone offering water to drink, food to eat and to see if there was anything that could be done for them. Now 2 ½ weeks later my client now has a new smile due to the fact that he was able to afford dentures once his teeth were taken out. What makes this even more special is the fact that this client is my Dad. He had been struggling with eating, and had shut himself away from meeting new people because he was embarrassed of his teeth. He just told me today that if it weren't for RAM and me knowing about this program, he would still be in near constant pain, and sitting with a mouthful of rotten, broken teeth. He cannot be more thankful for the volunteers that set it up.

- I have a client that used to do construction cross country and was disabled from an injury. He had moved here to live on his grandfather's property and had no friends or family around. During his two years of waiting on his Medicare to kick in, Kentucky Homeplace helped him get his much needed medication. The tale of this story is not that we were able to get his medications that were so expensive but we helped educate him on what medicines he was taking for what chronic disease he had. Before Kentucky Homeplace, he said he had no clue what he was taking and what it was for. Every time he got low on his medicines he would bring the bottles in and I would help him with which ones he had to purchase and which ones I would call a reorder in for him. I was amazed with his progress of learning how to self-manage his chronic diseases. Kentucky Homeplace made a huge difference in this man's life and how he cares for himself today with the knowledge he has been given.
- This story is about a man needing eyeglasses. He had come to me several years back for eyeglasses and I did an application through a program that we use and he was approved. He did not keep his appointment so he didn't get the eyeglasses.

Years past and occasionally he would stop by the office and inquire about getting new ones but he never followed through with keeping the appointments he made. Fast forward a few years. He went to an eye doctor in a nearby county. The doctor referred him out to our office located in that county and that CHW called me to let me know that he was there. I made him an appointment and she told him to keep his appointment and what to bring with him.

He kept his appointment with me and we did another application, but there is a waiting list and he needed new glasses really bad. He only has vision in one eye and the glasses he was wearing at his office visit were taped together and they are old. This client did not have transportation and could not make the trip to pick out his glasses so we went out on a limb to see if they would help him without having to see him and they agreed. Many phone calls later, they have ordered his lenses since they are so strong and we are waiting on their arrival.

- I had a client who was struggling with getting her insulin. She had Medicare D so unfortunately no program would approve her request for insulin. After a couple weeks of trying to find a way to help her until we heard back about her appeal letters; I was glad to hear back from the free clinic that was willing to help by giving her free samples for a month. Just recently she contacted me and said she received an approval letter from one of the programs. I couldn't be happier for her and she doesn't have to worry about her insulin for a year. She was so grateful and she said it felt like a weight was lifted from her shoulders.
- A woman came in for her appointment and she needed assistance with eyeglasses. After going through the enrollment process she had told me that she was taking several medicines and was paying a lot of money that

she could not afford. She had family members that were trying to help her with this. She asked if I knew of anyone that may be able to help her with her medication. I told her I would do my best to see if there was anything I could do. After working with her doctor, I was able to get most of her medication free for her. She still had some that she would have to pay for but we were able to get them at a very low rate. She was so grateful that her eye doctor had referred her to Kentucky Homeplace. She said that she did not know about our agency but was so happy because now she would not have to borrow money for her medicine and just live month to month.

- A woman came in for her appointment and she needed assistance with eyeglasses. When we had finished our appointment, she asked me what all Kentucky Homeplace did for people. I explained to her some of the things that we are able to do. After talking with her she wanted to make an appointment for her husband. She said that he did not have insurance and they had just spent over a hundred dollars but that did not include his insulin and they could not pay for.

The husband came in for his appointment and I discovered he did have insurance that he didn't know he even had. He had received a card but didn't realize it was an insurance card. I called the pharmacy where he had been getting his medication and they said for him to bring in his card. They called back and told me that the pharmacy had refunded some of the money they had paid and that his insulin would be covered. He was a happy man to not only get some money back but to know that he would have his insulin each month.

- I had the privilege of meeting some sweet folks in our London office a month ago. Both the man and wife were 80 years of age. The gentleman was taking care of his wife who was suffering from several different illnesses but his biggest complaint was her not being able to hear him. So, they came in my office needing help getting her some hearing aids. His wife became upset and started to cry over the fact of having to ask someone for help and also upset over not being able to hear. I was able to get her an appointment and she is almost finished with the process and will have her hearing aids soon.
- One of my clients came to me with a request to try to help them with understanding why they were not covered for their medicines while in the hospital. They had received a bill for \$635 worth of medicines that was given to them in a 2-day stay in the hospital. They had Medicare part D and also Medicare A & B but still had an outstanding balance in the amount of \$635.

I contacted the Hospital and was able to receive a copy of the services they were billed for. Everything was covered except for their medication. The client stated to me that they had brought their meds with them to the hospital but the hospital refused to let them take what they brought from home. I had always thought that if you received meds in the hospital under Medicare they were covered.

I called the insurance company and spoke with several people for over two hours trying to find out why this client was billed and what they actually owed. The insurance company finally said the client had been admitted under a code of observation and could have stayed under that code for five days instead of being admitted as an in-patient. If admitted under observation, they were responsible for their medication cost for the time they are in the hospital and cannot take their own meds no matter what.



The client was almost in tears and could not afford to pay this amount and was about to be placed into collections. They made arrangements with the hospital for a payment plan so the client would stay out of collections.

I continued to contact the insurance company to see if there were any reimbursement of the money or charges they had incurred while in the hospital. Finally the insurance company faxed me a form to complete for the client to receive full reimbursement of the medications they had been charged. I submitted all the hospital charges for their meds along with the proper form and the client has received complete reimbursement for all the medication charges.

- Over the last several months I have been assisting many clients with many different needs but one client stands out to me in particular because of his situation. This client came into my office because he was new to the area and was unfamiliar with local agencies but was in desperate for help.  
This client had been released from a Psychiatric Hospital with only a few days medications but once he went to the pharmacy to pick up a refill the pharmacy tech told the client that his insurance was inactive or expired. Being new to the area the client wasn't sure where to even begin but was informed that he wouldn't be able to pick up his medication unless he paid full price.  
The client went for over three months without his much needed psychiatric medications until he was referred to Kentucky Homeplace. The day that he came into the office and signed up for services was the day that he received his much needed medications because I took the time to find the small error with the pharmacy.
- My story is about a client that was in the gap with Medicare and needed two medicines. He did not have a pancreas and he needed these or his alternative was the ER. He needed a "denial letter" from Medicare that we had to wait on but in the meantime he had to have these two medicines for survival. The cost of these prescriptions was hundreds of dollars. His pharmacists even called me to see if I could find him some help. I tried to find him help from several sources. I tried to find him samples from his doctor. Finally, I contacted his surgeon in Knoxville, Tn. They told me they would give him some if he could get there to pick them up. That was only a week supply. Then I started calling his doctor and they provided enough medicine samples to last for a month. He had to pick that up. I finally got his denial letter and his medicine ordered. He called me and thanked me for helping him and everything I did. He told me that he didn't know how to do all of that and that he really appreciated everything.
- During the month of September, downtown Hazard lost a building that was nearly 100 years old. Many families lost everything they owned. I went out to the church that was housing the families and was able to make contact with the disaster program manager with the Red Cross. She and I talked with several people that needed help with eye glasses. I was able to sign them with Kentucky Homeplace and get them vouchers for eye glasses with Kentucky Vision Program. When I called to let the clients know I had the vouchers the very next day, one of them said, "She's a fast worker and a lifesaver".
- I have been working with a client that needed glasses. She has been unable to get her glasses but with the Affordable Care Act she could get the eye exam. During the interview with her, I was able to find other things she needed help with and referred her to the correct locations. She needed to get job experience and I was able to get her in with the Job Coach at BSCAP and she will be able to work and take better care of her family.
- This quarter I had a client that came in to get help with glasses. She was very depressed and had a lot of family issues. The client had stated that she had anxiety about meeting new people. With that anxiety, she didn't ask

many people for help. When she came into the office I completed the form for New Eyes for the Needy. I discussed with the client other problems that she had and I also discussed the different food banks in the area to help with that problem. I gave the client a list of the other resources in the area. Client called to update me when she finished her first counseling session; she was in better spirits. Client is now being able to be more social and ask for help.

- Of all my client encounters this far, one in particular has left a lasting impression on me. I helped this gentleman get a pair of glasses and he was so grateful to KY Homeplace. He was on a fixed income and hadn't had a pair of glasses in 15 years! He was so happy with the program and still calls every now and then just to see how I'm doing.
- USDA has a grant program for seniors over 60, this past quarter I have been able to access this program for 3 clients. The grant is for \$7,500.00. These grants are to improve or replace a failing septic system and repair homes. One client repaired his system plus was able to paint the exterior and add gutters to his home. Two of the clients completely replaced their septic systems and also was able to do repairs on their homes, this is work and repairs that would not have been done had the grants not been accessed. I have made new contacts with the USDA and have been able to help deserving clients get the help they needed.
- A client called my office needing help with a shoe and brace for his leg. He recently had a stroke and his left leg was affected and he has lost a lot of muscle use. He was told that he needs a brace that will help him lift his foot so that he don't trip himself as he walks with his walker. The brace he needed comes attached to a special shoe. He has Medicaid and because he had already accessed Medicaid for his diabetic shoes this year, that made him ineligible to get the shoe and brace he needed. I contacted KARAT and they were able to help him with the brace and shoe because someone had donated that exact brace and shoe. I am so thankful to have found such a wonderful program as KARAT.