

UNIVERSITY OF KENTUCKY

Kentucky Homeplace

July 1, 2024 – September 30, 2024

Quarterly Report



Kentucky Homeplace attends the 9th annual KYACHW Conference

<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:

This quarter was an exciting and busy time for Kentucky Homeplace. Kentucky Homeplace staff, community partners, friends and supporters celebrated the 30th anniversary of the program on August 30. The past successes were highlighted along with discussion of the future of the program. Also, Kentucky Homeplace CHWs attended the 9th annual KYACHW conference in Lexington, KY which was a great opportunity for learning and networking. It was also a time of transition as well as funding for the additional 10 CHWs came to a close which will have an impact on the capacity to serve the residents of the Commonwealth of Kentucky.

The CHWs have been active promoting the program services attending various events throughout the area. Kentucky Homeplace CHWs continue efforts to help those in their communities impacted by the overall increased cost of living helping with food boxes, medication access and other barriers.

Please take a moment to view our 30th Anniversary photos and the actual client encounters section of this report

Quarterly Summary

For the period July 1, 2024 – September 30, 2024, the CHWs provided 15,507 services for 2,565 clients. CHWs logged 4,688.55 hours on care coordination activities with a service value of \$111,634.38. The amount of medication accessed was \$4,788,473.23 and other service values (not medications) accessed were \$446,490.34 for a combined total of \$5,366,597.95.

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.

Sincerely,

William Mace Baker

William Mace Baker, RN

Director, Kentucky Homeplace Program



Program Activities

Community Engagement Activities

The following are samples of meetings/events attended this quarter:

Inter-agency meetings

Various advisory council meetings

Diabetic Shoe Clinic/Diabetic Support Groups

Various KYACHW sub-committee meetings

Various presentations to community organizations

Professional Development/CHW training

Kentucky Homeplace Database Training

Kentucky Association of Community Health Workers 9th Annual Conference

Medicare 2025 Update Webinar

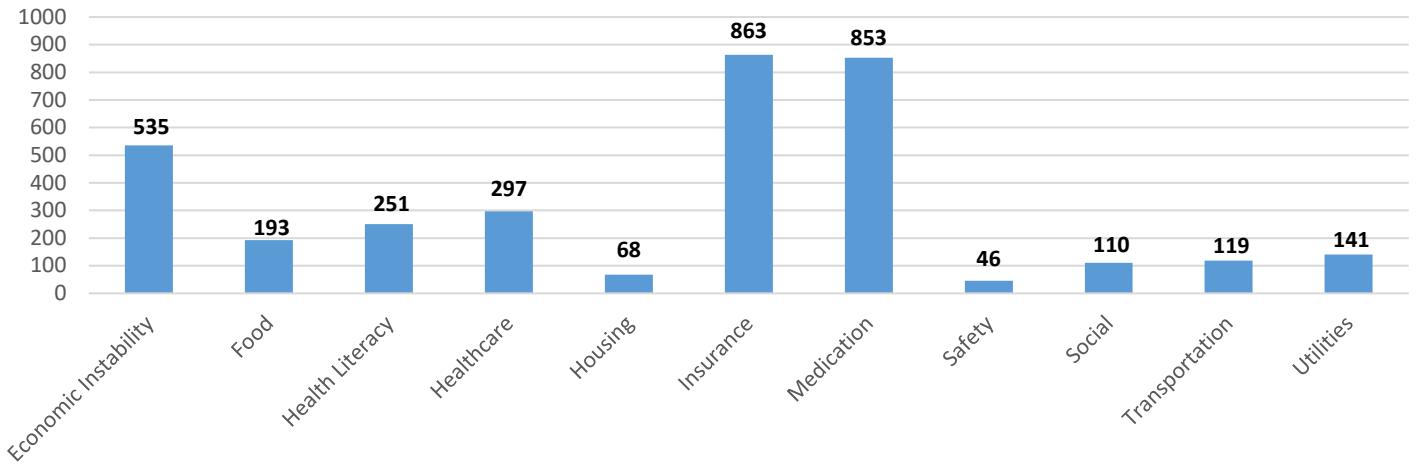
Other News

Kentucky Homeplace hosted their 30th anniversary celebration at the Center of Excellence in Rural Health in August.

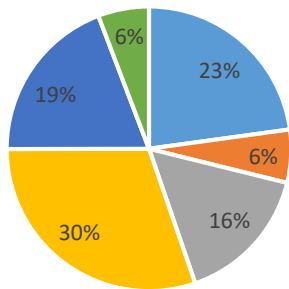
One vacancy exists in the Wolfe/Powell County office.



Social Determinants of Health Barriers to Care 07/01/24 - 09/30/24

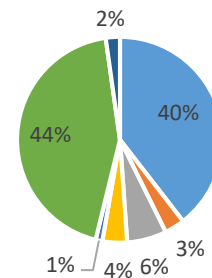


Insurance



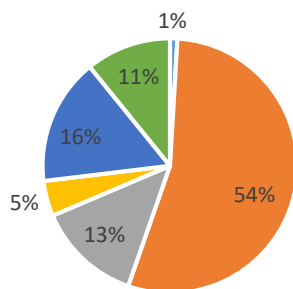
- High Copay
- High Deductible
- No Coverage
- No Coverage in Plan
- Unaffordable
- Other

Medication



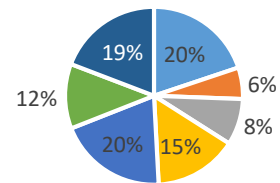
- High Copay
- High Deductible
- No Coverage
- No Coverage in Plan
- Not on Plan Formulary
- Unaffordable
- Other

Economic Instability



- Debt
- High Expenses
- Medical Bills
- Underemployed
- Unemployed
- Other

Healthcare



- High Copay
- High Deductible
- No Coverage
- No Coverage in Plan
- Provider Availability
- Unaffordable
- Other



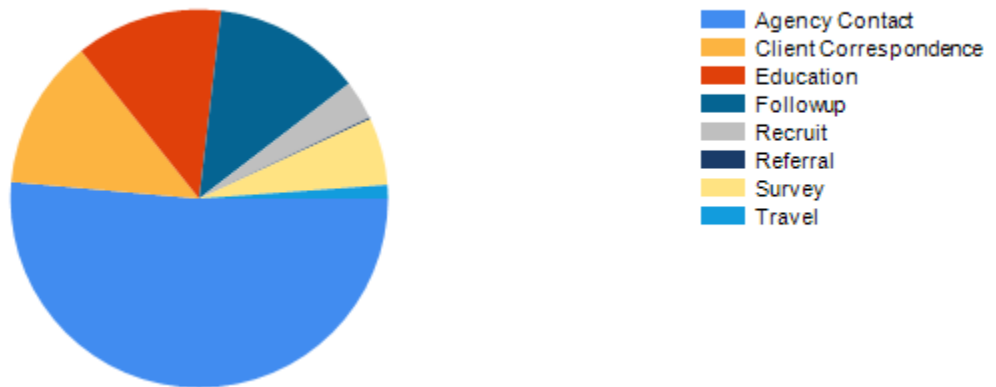
Activity Summary

(Clients visited: 07/01/2024 – 09/30/2024)

| Activity | CHW Hours |
|-----------------------|-----------------|
| Agency Contact | 2,369.57 |
| Client Correspondence | 585.15 |
| Education | 572.17 |
| Followup | 578.92 |
| Recruit | 151.50 |
| Referral | 6.75 |
| Survey | 273.17 |
| Travel | 52.08 |
| Grand Total: | 4,589.30 |

*Total service value for 4,589.30 hours equals \$111,634.38

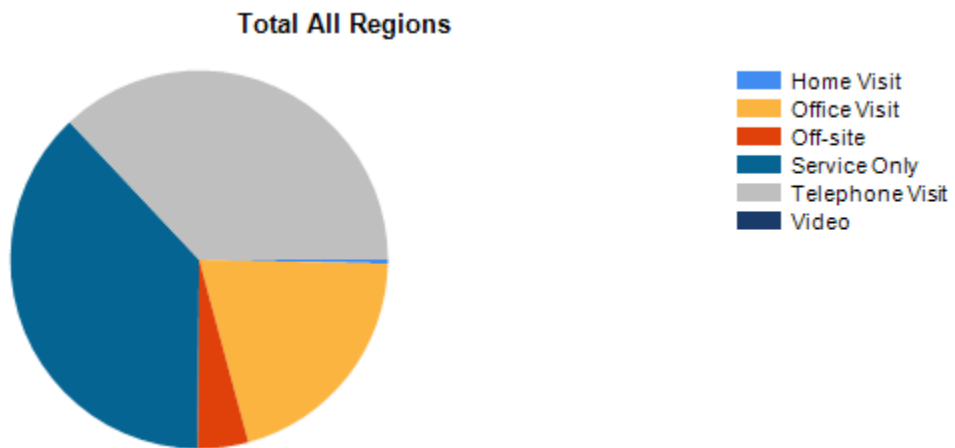
Total All Regions



Visit Summary

(Clients visited: 07/01/2024 – 09/30/2024)

| Visit Type | Client Visits |
|---------------------|---------------|
| Home Visit | 22 |
| Office Visit | 1,663 |
| Off-site | 145 |
| Service Only | 1,794 |
| Telephone Visit | 2,997 |
| Grand Total: | 6,621 |



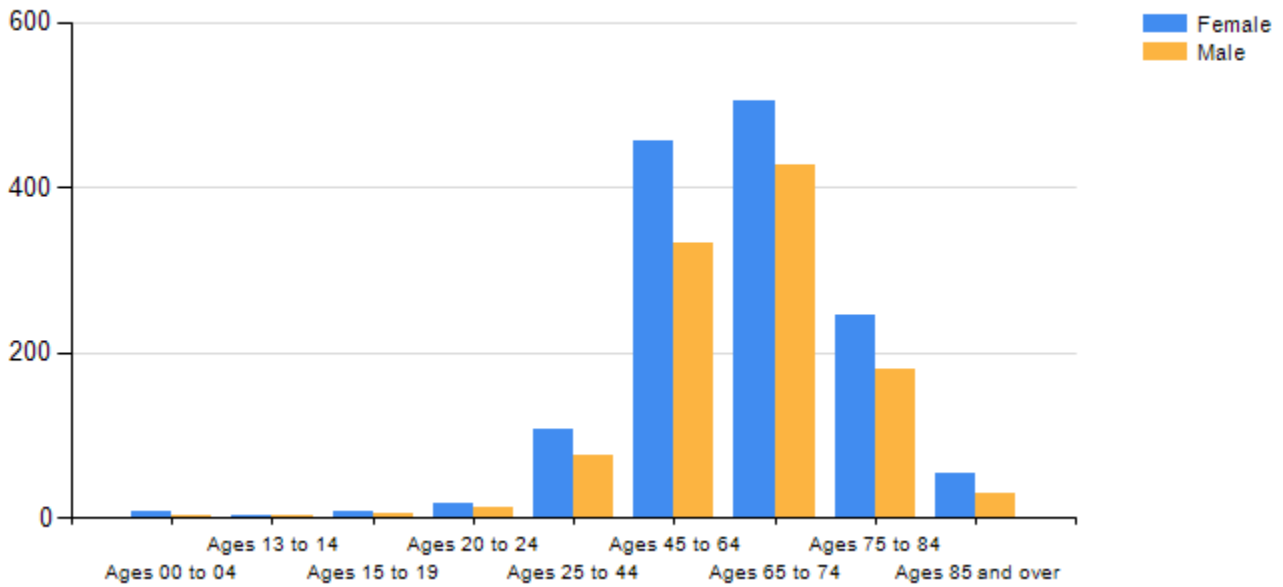
* Service only involves any actions taken on behalf of the client while the client is not present.

Age Gender Summary

(Clients visited: 07/01/2024 – 09/30/2024)

| Age Group | Female | Male |
|------------------|--------|------|
| Ages 00 to 04 | 7 | 1 |
| Ages 13 to 14 | 1 | 2 |
| Ages 15 to 19 | 7 | 4 |
| Ages 20 to 24 | 18 | 12 |
| Ages 25 to 44 | 106 | 76 |
| Ages 45 to 64 | 455 | 333 |
| Ages 65 to 74 | 505 | 427 |
| Ages 75 to 84 | 245 | 179 |
| Ages 85 and over | 54 | 28 |

Clients by Gender and Age Group

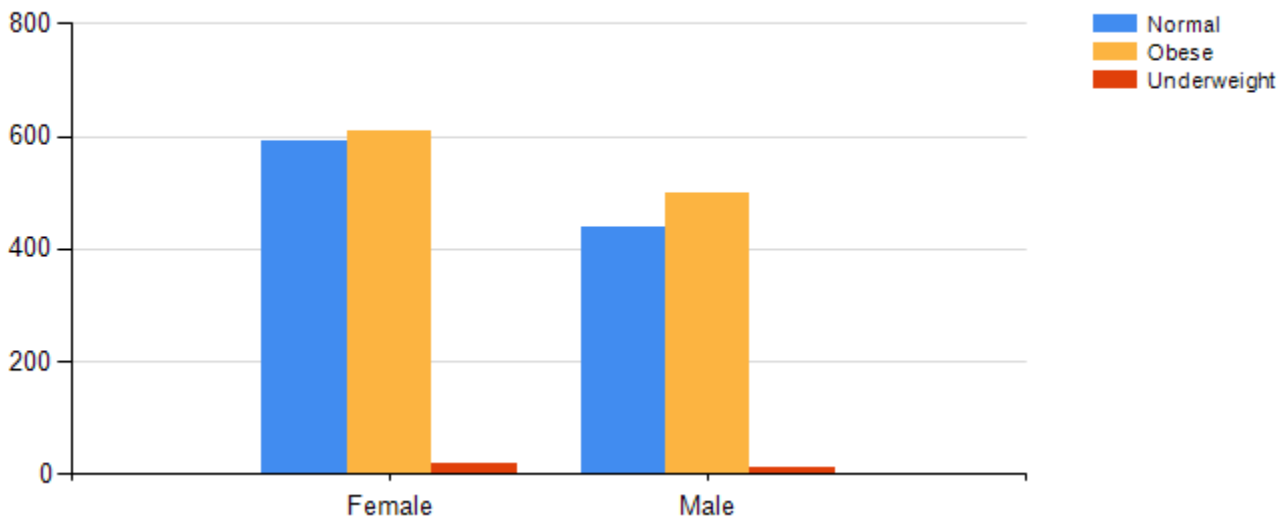


BMI Category Summary

(Clients visited: 07/01/2024 – 09/30/2024)

| Gender | BMI Category | Clients |
|---------------------|---------------|--------------|
| Female | Normal | 592 |
| | Obese | 609 |
| | Underweight | 19 |
| | Total: | 1,220 |
| Male | Normal | 438 |
| | Obese | 500 |
| | Underweight | 12 |
| | Total: | 950 |
| Grand Total: | | 2,170 |

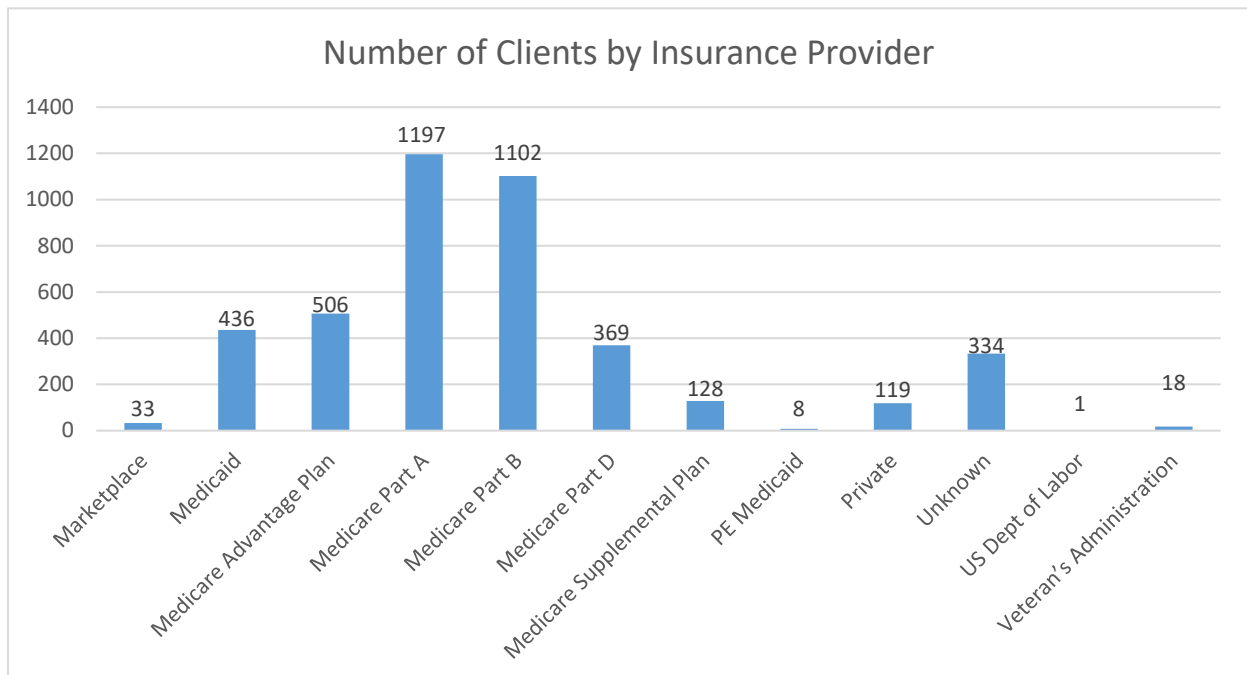
Client BMI Category by Gender



Insurance Summary

(Clients visited: 07/01/2024 – 09/30/2024)

| Provider | Clients |
|----------------------------|---------|
| Marketplace | 33 |
| Medicaid | 436 |
| Medicare Advantage Plan | 506 |
| Medicare Part A | 1197 |
| Medicare Part B | 1102 |
| Medicare Part D | 369 |
| Medicare Supplemental Plan | 128 |
| PE Medicaid | 8 |
| Private | 119 |
| Unknown | 334 |
| US Dept of Labor | 1 |
| Veteran's Administration | 18 |

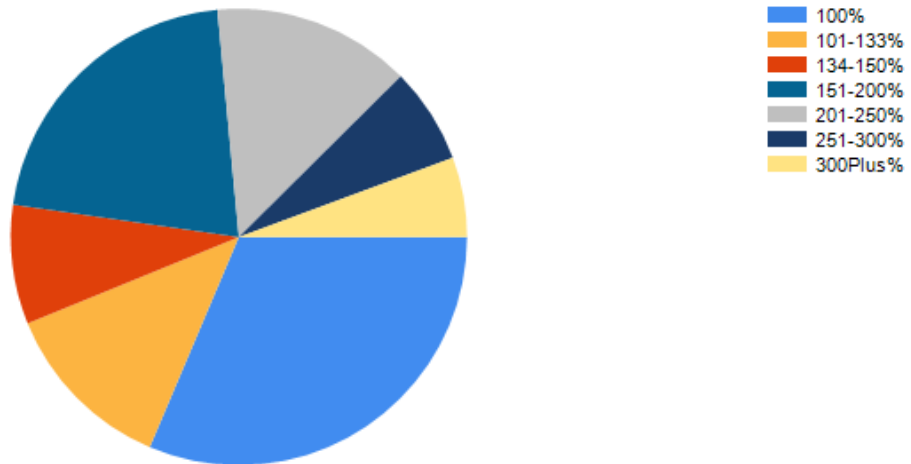


Poverty Level Summary

(Clients visited: 07/01/2024 – 09/30/2024)

| | 100% | 101-133% | 134-150% | 151-200% | 201-250% | 251-300% | 300Plus% | Total |
|----------------|------|----------|----------|----------|----------|----------|----------|--------------|
| Clients | 772 | 306 | 208 | 522 | 346 | 167 | 139 | 2,460 |

Clients by Poverty Level



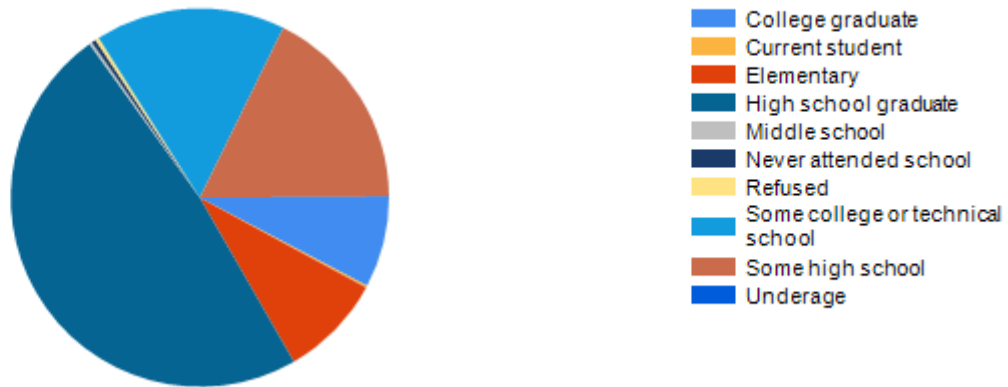
*Grand total is unduplicated clients

Education Level Summary

(Clients visited: 07/01/2024 – 09/30/2024)

| Education Level | Clients |
|----------------------------------|--------------|
| Never attended school | 9 |
| Elementary | 217 |
| Some high school | 434 |
| High school graduate | 1,190 |
| Some college or technical school | 400 |
| College Graduate | 190 |
| Refused | 8 |
| Current student | 4 |
| Middle school | 6 |
| Grand Total: | 2,460 |

Total All Regions



*Grand total is unduplicated clients

Kentucky Homeplace CHWs



Judy Bailey, CCHW, Johnson & Magoffin Counties, Samantha Bowman, CCHW Sr., Lee County, and Barb Justice, CCHW, Pike County are honored for having the top values for fiscal year 2024.



Beth Smith, CCHW, Carter County, receives the CHW Champion award at the 9th Annual KYACHW Conference.

Kentucky Homeplace Celebrates 30th Anniversary



A celebration was held at the UK Center of Excellence in Rural Health on August 30th, 2024 to commemorate the 30th anniversary of the Kentucky Homeplace Program. Kentucky Homeplace began as a successful demonstration project in 1994 in Hazard, Kentucky, and has grown into a nationally recognized Community Health Worker model over the past 30 years. Kentucky Homeplace currently employs 21 Certified Community Health Workers who cover 26 counties in eastern Kentucky. To date, the program has provided over 5.3 million services to almost 200,000 Kentuckians across the state, earning an impressive \$11.33: \$1 return on investment.

Kentucky Homeplace and the UK Center of Excellence in Rural Health would like to thank our state and local leaders, our friends from the Kentucky Department for Public Health and the Office of Community Health Workers, our many valued community partners, our Kentucky Homeplace Certified Community Health Workers and everyone else who were able to join us in celebrating this significant milestone! We are thankful for each of you on this special occasion and EVERY DAY. Your unwavering dedication to our day-to-day operations has played a huge role in Kentucky Homeplace's success!





Client Encounters-Actual Situations Encountered by Community Health Workers

Actual Client Encounters

I received a referral from a local pharmacy stating that a diabetic client was unable to afford his medications. I reached out to the client and scheduled an appointment ASAP as the client informed me that his blood sugar was running above 350 because he had been without his insulin for almost a month.

When the client came in, I completed our initial interview and could tell right away that this client would qualify for Low Income Subsidy and has for years but never knew about the program, so I completed and submitted his application right then. I also requested and received approval for emergency funds to assist this client, so that he would be able to pick up his supply of insulin at the local pharmacy.

Recently, this client returned to the office to let me know that he received approval for Low Income Subsidy for him and his wife and his medications are now affordable.

A client was referred to Kentucky Homeplace by a client that had also received assistance in the past, but this client came to me without health coverage and a new diagnosis of lung cancer. This client was desperate for any kind of assistance and was unsure which way to turn for that assistance.

Unfortunately, this client was over the income for any type of government issued insurance and was not considered to have any type of special qualifying events that would qualify for special enrollment so I assisted this client with all additional resources that could help ease the burden of the massive amount of medical bills that my client was receiving.

I assisted my client with applying for financial assistance at each hospital that he was receiving treatment and assisted him with a referral for a spend down application which we are still waiting to hear if my client will be approved. We are in the process of accessing much needed high cost medication for my client as well.

I received a referral from a local pharmacy about a teenage girl who recently broke her foot and wanted a knee scooter. She had crutches but she complained that they hurt her arms and because she was in high school, moving from class to class promptly on crutches gave her so much anxiety she didn't want to go to school. Although the teachers were accommodating to her, walking into each class late she felt brought attention to her and she did not like that. Her insurance would not approve a knee scooter and her mom was trying to find a way to buy one

out of pocket for her daughter but as a single mother, it would have put her in a financial bind. I was able to reach out to project KARAT and see that we had a knee scooter that we could loan this child. The mother had later called to let me know that she hasn't had any trouble getting her daughter to go to school and she had some relief going to work knowing her daughter wasn't miserable every day.

A couple months ago, an elderly gentleman called saying his wife has lost her hearing over the last few years and really needs hearing aids. Her hearing has got so bad that she was irritable all the time and getting really depressed. They both were in their 80's, their health was fairly good, and they had been married for over 60 years. The wife had a Medicare Advantage plan, but they were unsure if they had any coverage for hearing aids. I had to communicate with the husband the majority of the time because the wife would get so frustrated and embarrassed and really didn't want to "aggravate" anyone. He also advised that she was to the point that she didn't want to go to her primary care provider anymore either. After reaching out to her insurance, I informed them that she did have coverage for hearing aids up to \$2,000 per hearing aid, however, they must see a certain provider in the area and the appointment had to be scheduled by a third party in order for the hearing aids to be covered. It took me about a week of me calling the 3rd party hearing provider in order to get an appointment, due to having trouble getting into contact with the provider. However, I was successful in getting the appointment scheduled. They attended their hearing evaluation and scheduled another appointment for the hearing aids. The day of the appointment when she was scheduled to pick up her hearing aids, the husband called me letting me know that she received her hearing aids and the day she got them was on their 61st wedding anniversary and that it was the best wedding anniversary present he had ever received. Although he originally called me for hearing aids, I was also able to connect this couple with our local community action agency to get assistance with their electric bill several times now because they had no idea they qualified for anything like that. Because I work inside of the community action agency office, they asked to see me at their last appointment with community action and the husband teared up as he thanked me for helping his wife, who has taken good care of him for so many years. He was glad that he called me and was able to do something for her for once.

Today I had an encounter with a new client who was a walk-in referred by the DCBS Office. She had never heard of Kentucky Homeplace and was told I might be able to help with food. I was heading out my door to a HANDS Meeting with our Advisory board. The world stops when our people come through our door like it did at that moment. She expressed that she was raising a granddaughter and needed extra food. After expressing to her that I had to leave and

when she began informing me of all the needs and issues I quickly created a chart got all the paperwork out of the way, handed her a \$25.00 Senior Voucher to Roper's Market, gave her a free pair of Diabetic shoes that were donated that just happened to be her size! I gave her a flyer with all my info, along with a goodie bag and three COVID tests, and then she asked if I had any pads and I passed her five packs that were donated to me! Honestly, that's the way we roll as crazy as all that sounds!

After arriving back, I made the phone call to complete my enrollment process I realized her needs as a grandmother had been placed on the back burner as she struggled to raise her granddaughter who was a freshman in high school. She had hypertension and had been on the same medication for a long time. I did Care Collaborative with her which allowed me to do some blood pressure coaching to help her understand her numbers. I gave her homework and challenged her to keep a log and report when she sees her provider again. I did some education on foot care where she is a diabetic and was referred for an annual foot exam so I could begin helping her with shoes. She was diagnosed as a diabetic a year ago but no one had ever mentioned or checked her feet. I also discovered she was three years overdue for a mammogram, and her Pap smear was about five years overdue. She didn't know her insurance would pay for a dental cleaning so I set that appointment up for her as well.

We addressed so many needs and she was so grateful. It's just proof that we assume everything should be taken care of because someone has good insurance. That's just not the case! I expressed to her for her to be the best she could be for her granddaughter that she needed to take care of herself. She was thrilled and thankful for Kentucky Homeplace.

The health department referred a man to me. He was encountering problems with his insurance that he couldn't handle on his own. He told me that his hearing impairment prevents him from speaking on the phone; instead, he can only text or write on a notepad. We called about his Medicaid, and the case worker would ask questions, and I would write them down on a notepad. We eventually managed to settle his insurance concerns. Since he couldn't hear over the phone, I told the client he could text me if he needed anything. He said he had never had anyone willing to help him the way Kentucky Homeplace did.

A client that I have had for several years came in to see if I could help him find some type of assistance to help with his bill from his medical helicopter transport. He has insurance, but his part was still several thousand dollars. I explained to him that I was not familiar with programs to help with that, but I would research to see what I could find. After a few days of searching, I found a program online that the client could benefit from. I called the organization, and they

sent me an application. I assisted the client with the application and sent it back in with the requested information.

The life of a Community Health Worker, you never know where a referral will come from. This quarter I received a call and text from a Security Guard that stated while he was walking the parking lot of the hospital grounds he noticed a woman sleeping in her van, he tapped on the window and told her she had to move. During this encounter, the lady let him know that her husband was in the ICU at the local hospital and that she didn't have the money to travel back and forth from the hospital to home and that she didn't want to be too far away in case something was to happen. He let her know that maybe KHP could help her, so I set up an appointment for her to come see me in the office. When she walked into my office, I first noticed how tired she looked, but she was very friendly, I asked her had she had anything to eat, and she said no. So, I was able to get her fresh coffee and breakfast, thanks to my wonderful coworkers. While she sat and drank her coffee, I explained to her what KHP does and what I can do to help her. My first call was to a local hospital case manager to see about getting her a hotel room for a couple of nights, and I was told that they would work on something for her. While we waited for a call back I had her make me a list of snacks that she would like to have so I could get her a snack bag together. While we waited, she received a phone call from the hospital informing her that they were moving her husband to another hospital and that it would be for the good of his recovery. So, while she gathered her thoughts, I got her snack bag and some resources together that could be useful for her going forward.

Late one night my Facebook messenger went off and it was a message from an already established client, who had received a call about a flood survivor who needed an air conditioner, hers had gone out and she had small children and had no way of purchasing one. I told him to let me see what I could do when I got to work the next morning. When I arrived at work, I spoke with Homeplace administration and I told them about the message I received. We went over all the resources that we could think of and decided to call the Chamber of Commerce director since she was involved in locating resources for flood victims. I reached out to her through text and said give me a few minutes. After a few minutes, she called and said a friend has several to give away and I could have them and they do work. So, I made arrangements to have them picked up the next morning on my way home I received a call that said that the air conditioners were not safe to give away but that the person who was giving them to me, had gone to Walmart and purchased a new one because he felt bad that those didn't work and wanted to make sure the client got one. So, the next day I called the client and

let her know, that I had gotten her a new air conditioner and she could come pick it up, she cried over the phone.

This quarter I have been working to start my list of holiday food gift boxes. I have already had clients calling and requesting that they be put on the list for this year. I was able to provide one client who called for a food box with other services as we talked and I realized she was on my list of clients to do the K-Vac surveys with. We also accessed glasses for this client along with other services in the past.

A newly enrolled client came to me hoping to qualify for QMB. We discovered that he was over the income limit for QMB, however, he did qualify for three of his medications to be covered and he could also get glasses that he could not afford. We have started the process of getting the medications and he is currently waiting for his script from his eye doctor

A new client called needing help with medication she said they want \$1100.00 for 270 pills – It is a Parkinson's medication. She qualifies for a program to get extra help but did not know she did, so we have applied and now are waiting for a decision in the meantime needs the medication so we called the doctor's office to see if they work with a pharmacy that offers a discount to their patients and they did so they called the script into their pharmacy and she got her medication the 270 pills for \$11.00. The client could not believe she got her medication. She had been so stressed about getting it and with a couple of calls she got it for a cost she could afford.

A client came in with her proof of income and a printout from her pharmacy and said a lady at the doctor's office had been working with her and asked her where she got her medications from, she said she worked with Kentucky Homeplace and she said she does the same thing I do here so you can go back to Kentucky Homeplace and get it there.

I told my client that the lady did not tell her correctly she did not qualify for the program she had to meet out of pocket before she could get the medication. I told her the rules do not change – it is all the same she still had to meet the out of pocket first. I told her there must be another program. I told her to let me check on the pharmacy they worked with to see if they offered something that I did not know about and they did offer a discount to clients for certain medications. So, we had the doctor's office fax over her script, and she got her 90-day supply

for \$7.00, savings her \$2018.70 for a 90-day supply. She did not understand why the person did not go ahead and send over the script so she could start her medication sooner instead of making her go somewhere else. This was a lifesaving medication and she needed it then. The client was incredibly happy that KHP took the time to find the program and get her medication.

My story this quarter is about the big changes in A1c numbers. I have had several clients go from an A1c of 14 to an A1c of 6 after having helped access the medication Ozempic. I had a middle-aged client that was unable to access his prescribed Ozempic even though he has adequate insurance. After several tries and countless hours on the phone with appeal after appeal, I was able to get my client the medication that really worked for him. His Dr. now sends all his diabetic patients to me.

Food insecurity is an issue plaguing our small county. More and more referrals come to me for assistance with food. Even when some of my clients receive SNAP benefits with the rising cost of food in our grocery stores these benefits just don't help for the whole month. These clients are working mothers who need a little extra help feeding their children. Thankfully I have a food pantry and several churches that are always available to help. I have been able to use these resources to help with food, clothing and sometimes transportation for that needed Dr. visit when needed.

I had a man come in to see me one day, He had lost his Medicare Part D plan back around the time of the 2022 flooding. He had been on disability which made him Medicare-eligible before he turned 65. He had been told that he would not be eligible to get his Part D back until he turned 65, then when he turned 65 he was told that he was going to face a penalty for not having had Part D when he was eligible for it. That is when a KYNECTOR at a local clinic sent him in to talk with me. We called Medicare together to confirm that his turning 65 opened a new eligibility window for him to apply for a Part D plan (so that he wouldn't have to wait till open enrollment in October, for a plan that wouldn't start until Jan 1 of 2025). We then inquired about why he had lost his plan, to begin with (because the client was not sure why he lost coverage, only that his insurance had been denied at the pharmacy) according to Medicare it was due to non-payment of the plan premium. He had been receiving bills through the mail, but during the flood, the post office in his area had been destroyed, and he had thought that they were automatically taking the premium from his Social Security Check. I was able to help him look at Part D plans and select one that was affordable and covered all of his medications,

and not have to face a penalty for the almost two years that he had originally been told that he would have been penalized for.

I had an elderly couple come in, they had been directed to me by the Social Security office. They were very concerned. They had received a letter in the mail a week prior and had called the number included, it had advertised a Veterans Giveback program. At first, the husband hadn't thought anything of it and called the number, but after he got off the phone he felt like he had given them too much information and was not sure what he had actually done. So, when the couple came in to see me they were very panicked. We put a freeze on their credit, as a safeguard and at the wife's request. I checked in with some contacts who work closely with the veterans to see if they had seen a similar letter or were familiar with any programs of the nature that the letter was purposing to do, and they were not familiar... I called the number on the letter and after speaking with them found it was a group of independent insurance agents using a phishing scheme- to get veterans to call so they can switch their insurance and get a commission. They said they could not switch the insurance back, but the new card should arrive in a few days (they had kept them in the same insurance provider, and had just switched them from one veterans plan to another). I got the couple linked back in with their usual insurance agent who they are comfortable working with so that he can get them back into the plan they originally had.

One of the clinics that I work closely with here in my town had referred a lady to Kentucky Homeplace for help with a new medication she had been prescribed. She was going to have a high copay with her insurance and couldn't afford it. I scheduled an appointment for her to come in. At her appointment we proceeded to get her updated in our database. Once I received her proof of household income, I verified that this was all for the household income and she agreed that it was.

I compared her income against the income guidelines for the Low-Income Subsidy through Social Security and the Medicare Savings Program through DCBS and explained to her that she "may" be eligible for these programs. I explained that the patient assistance program that her medication was through wouldn't help you if you were eligible for Low Income Subsidy and because her income was low enough to put her in the eligibility range for LIS, she would have to apply and be denied before they would help. I also explained the full benefits of LIS if she were to get approved, such as lower cost on all prescription medication including the new medication and how the Medicare Savings program would give her back the \$174.70 that is being held out for her Medicare Part B. She was excited for this so we applied and printed off the application for the patient assistance program just in case she was denied. Fast forward

three weeks, she called, she had received a letter and wanted me to explain it to her. I scheduled her to bring in the letter, she was approved for full subsidy, and she now will get all her medications cheaper, have an extra \$174.70 in her pocket each month, as a bonus, she was able to pick up the \$25 gift card from doing a survey while she was here.

My client is an elderly lady that I have helped for many years. She had inquired about accessing eyeglasses. She had participated in the New Eyes program several years ago and didn't realize how long it had been as her eyeglasses had several scratches. I scheduled her to come in once she got her exam and we would process her application. I placed her order on September 13th, she stopped by today wearing her new eyeglasses, they look great and she is able to see clearly again.

As a Community Health Worker, I was delivering a food box to a lady and also brought her an approval letter for her medicine and a gift card through KVAC. She was so happy when she saw everything. She even tried to give me things from her food box to show her thanks. It was a simple but special moment that reminded me how much this help means to people.

I've been helping a former classmate by delivering monthly food boxes, which he and his mother always enjoy. They often call to tell me what they've made with the food. I also help him with his phone, from setting up emails to managing social media accounts. It may seem like a small gesture, but I know it brings him happiness and makes a meaningful difference in his life.

Being a Community Health Worker, we wear many hats. Every day is not the same! We have many people in our communities who have a wide variety of problems that they need help with. Learning how to navigate to be able to help people and having continued education as well, to be able to help them resolve the issue they may be having, is very rewarding! I am very thankful for the work that we do! Community connections are the biggest asset of being a Community Health Worker. When you have doctors who directly contact you to help with their patients, it is the biggest compliment we can receive. When this happens, you know your hard work has paid off, and you have earned their trust. It is one of the most rewarding feelings!

I recently was able to help out one of my longtime clients. Her spouse who is also a client of mine, is currently in hospice care at home. My client needed incontinence supplies for herself and was unable to afford them, being able to provide my client with the supplies she needed took one less thing off of her in this sensitive and stressful time. My client always shows so much gratitude for our program and being able to help her is a blessing.

Over the past few months, I have been able to assist one of my clients with diabetes in accessing medications at no cost. This client has no insurance and does not qualify for state assistance due to income. Paying out of pocket for doctor visits is a burden financially at times so I'm glad I was able to help him access the education he needed.

I had a referral come into my office from a local agency one day. I enrolled him, He needed health care coverage so I logged onto KOG. I requested access to his case. I reviewed his case and discovered he had Medicaid! He had no idea, he had thought he lost his Medicaid. I printed him his Medicaid information so that he could take it with him to the doctor and pharmacy. He was so relieved to find out he had a way to pay for his doctor appointments and Medications.

A client came into the office crying and unable to talk. The client's appointment with DCBS went a different way than the client thought that it would go. The client lost Medicaid and would not receive a lot of assistance on the Marketplace due to lower income. My client was unsure how he was going to see a PCP or even continue on with life-saving medications. We were able to make a plan and I was able to schedule the client an appointment with a clinic that is free that the client did not know about. Between the PCP at that location, a local hospital financial aid program, and myself, we were able to get the client the medications and healthcare that the client needed.

A client came into the office. This client had no food for their household. The client was not receiving food stamps. I went to the DCBS office with my client and assisted with applying for SNAP benefits. I also coordinated with the local food bank and church in the client's area. We were able to provide food for the client and family until the client's SNAP Benefits were approved. A lady attended my Diabetic shoe clinic as she needed new shoes. The pair she has is several years old. Upon assessing her needs I found she is managing her diabetes through diet. Despite successfully controlling her condition and losing a significant amount of

weight, she still faces challenges due to foot deformities, which require the extra support provided by diabetic insoles. Unfortunately, her insurance would not cover the shoes since she manages her diabetes without medication. Recognizing her need, she turned to Kentucky Homeplace for help. I'm happy to say that I was able to find the necessary resources to assist in covering the cost of her shoes, ensuring she receives the support and comfort she needs to maintain her health and mobility. When I told her I found a resource to help pay for her shoes she just broke into tears and was very grateful for the help she received at Kentucky Homeplace

This quarter, I assisted a client with getting glasses. He is a diabetic who is experiencing new vision changes due to his age. He had tried getting glasses from multiple optometrists but his copayment was so high, that he could not purchase them. With our access to free eyeglasses, I was able to assist him in seeing clearly again.

I was able to assist a client with a certain heart medication. She required an ablation procedure on her heart and her cardiologist wanted her to be on this medication to ensure she did not develop any blood clots before the procedure or after the procedure. Unfortunately, she could not afford this medication due to coverage issues with her insurance which left her with an extremely high copayment. With the resources at Kentucky Homeplace, I was able to access the medication she needed for free.

Client Satisfaction Surveys

Judy Bailey

“She was one of the most helpful persons I ever met. She was so friendly and kind.”

Regina Blevins

“KY Homeplace is a great organization. Regina is an employee that would go beyond her duties to help someone. Thank you, Regina.”

Kim Smith

“Kim is very helpful. I am so thankful for everything she does for me and my family.”

Kathy Slusher

“She is very helpful. She’s always been good about responding quickly.”

Tim Marcum

“Tim was very helpful. Thank you so much.”

Jowana Jackson

“She is very helpful and she cares about my health needs. She is a wonderful person.”

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