

UNIVERSITY OF KENTUCKY

Kentucky Homeplace

**January 1, 2016 – March 31, 2016
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 in Perry 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 serves 30 counties in the eastern portion of the state. Our current staffing consists of twenty-one Community Health Workers (CHWs) with two vacancies and three regional coordinators. As anticipated Kentucky Homeplace CHWs began conducting Chronic Disease Self-Management (CDSMP) six week workshops across the region helping participants of the workshop learn how to manage their chronic diseases. Planning is underway to cross train the CHWs in the Diabetes Self-Management Program which will occur June of this year. An extensive amount of effort has recently been involved in a revision of the database in an effort to better capture the amount of services provided by the CHWs for the population they serve. The database will also capture health outcome measures. The implementation of the revised database will occur mid-April. KHP also has a continued focus on preventative care and reducing risk factors by providing health coaching and care coordination to the residents of the service area. 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 January 1, 2016 – March 31, 2016 the number of CHWs provided services for **2,098** clients. Of these clients, **1,717** were involved in care coordination activities. Excluding administrative time and time spent on trainings, the CHWs logged **3,441** hours on care coordination activities hours with a service value of **\$86,263**, amount of medication accessed totaled **\$1,467,498** and other service values (not medications) accessed totaled **\$346,009** for a combined total of **\$1,899,770**.

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 January - March 2016. 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

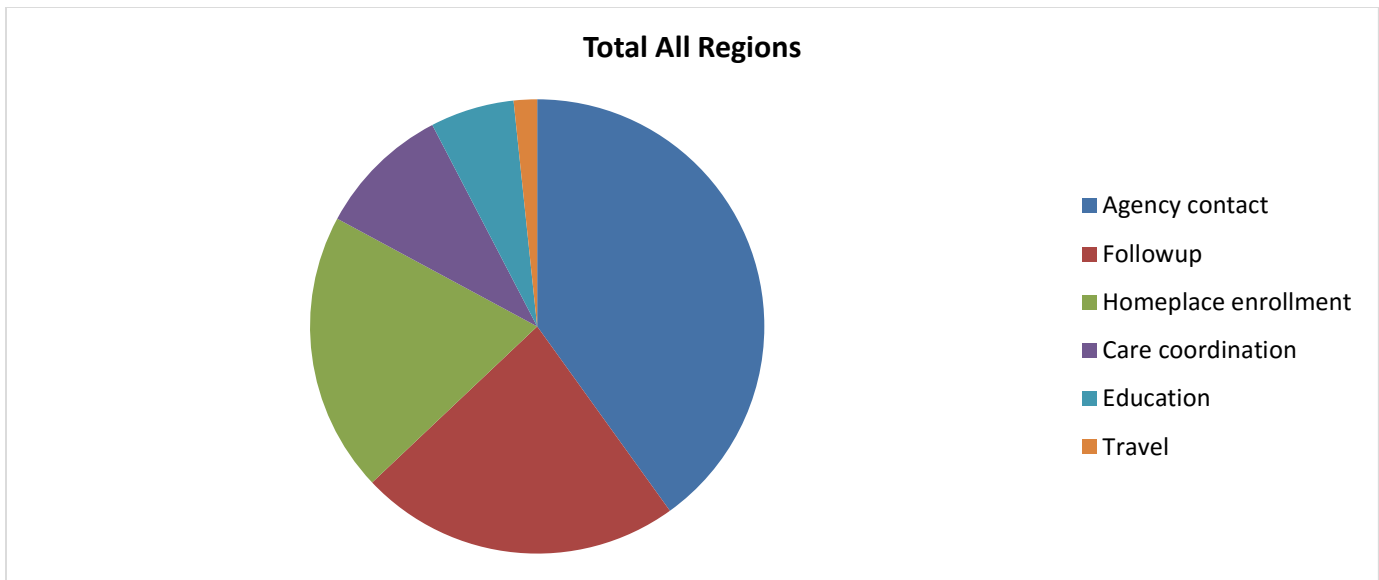
William Mace Baker, RN
Director, Kentucky Homeplace Program



Activity Summary

(Clients visited: 01/01/2016 – 03/31/2016)

Activity	CHW Hours
Agency contact	1,378.68
Follow-up	787.20
Homeplace enrollment	685.50
Care coordination	326.63
Education	205.75
Travel	57.13
Grand Total:	3,440.89



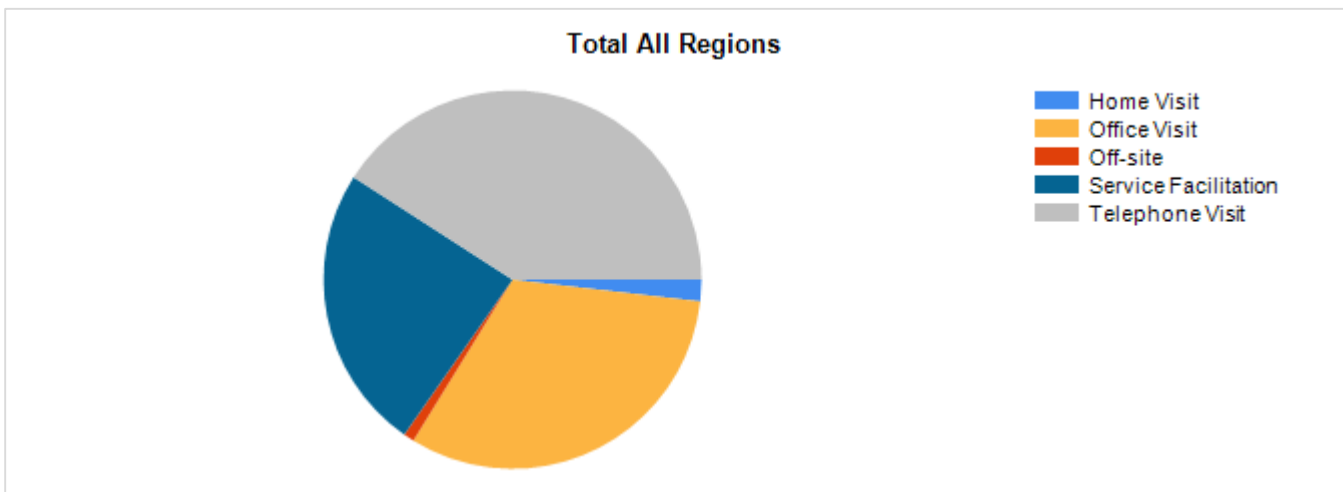
Total service value for 3,441 hours equals \$86,263.11



Visit Summary

(Clients visited: 01/01/2016 – 03/31/2016)

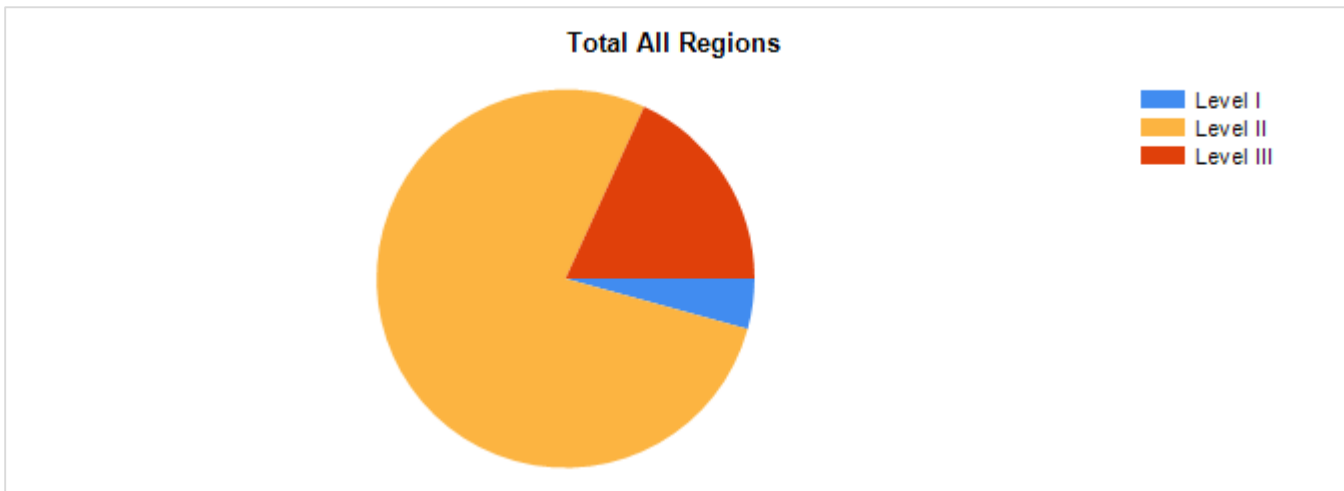
Visit Type	Client Visits
Telephone Visit	2,582
Office Visit	2,018
Service Facilitation	1,539
Home Visit	116
Off-site	58
Grand Total:	6,313



Care Level Summary

(Clients visited: 01/01/2016 – 03/31/2016)

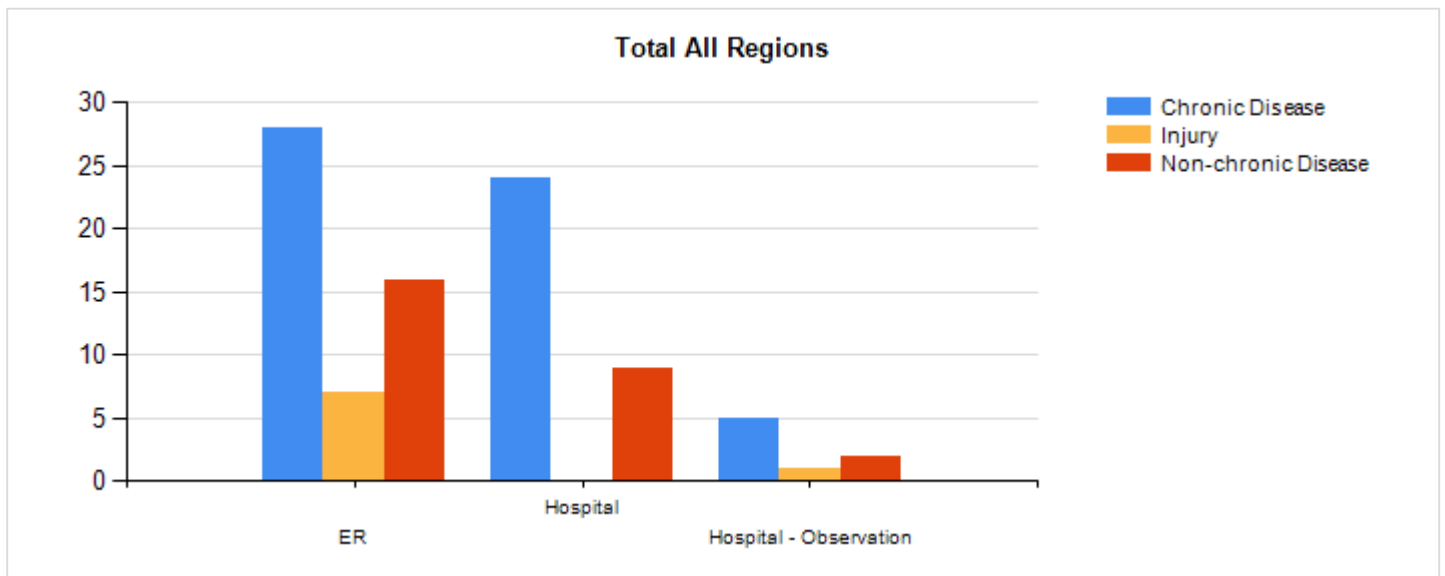
Care Level	Clients
Level I	90
Level II	1,627
Level III	381
Grand Total:	2,098



Hospital-ER Summary

(Clients visited: 01/01/2016 – 03/31/2016)

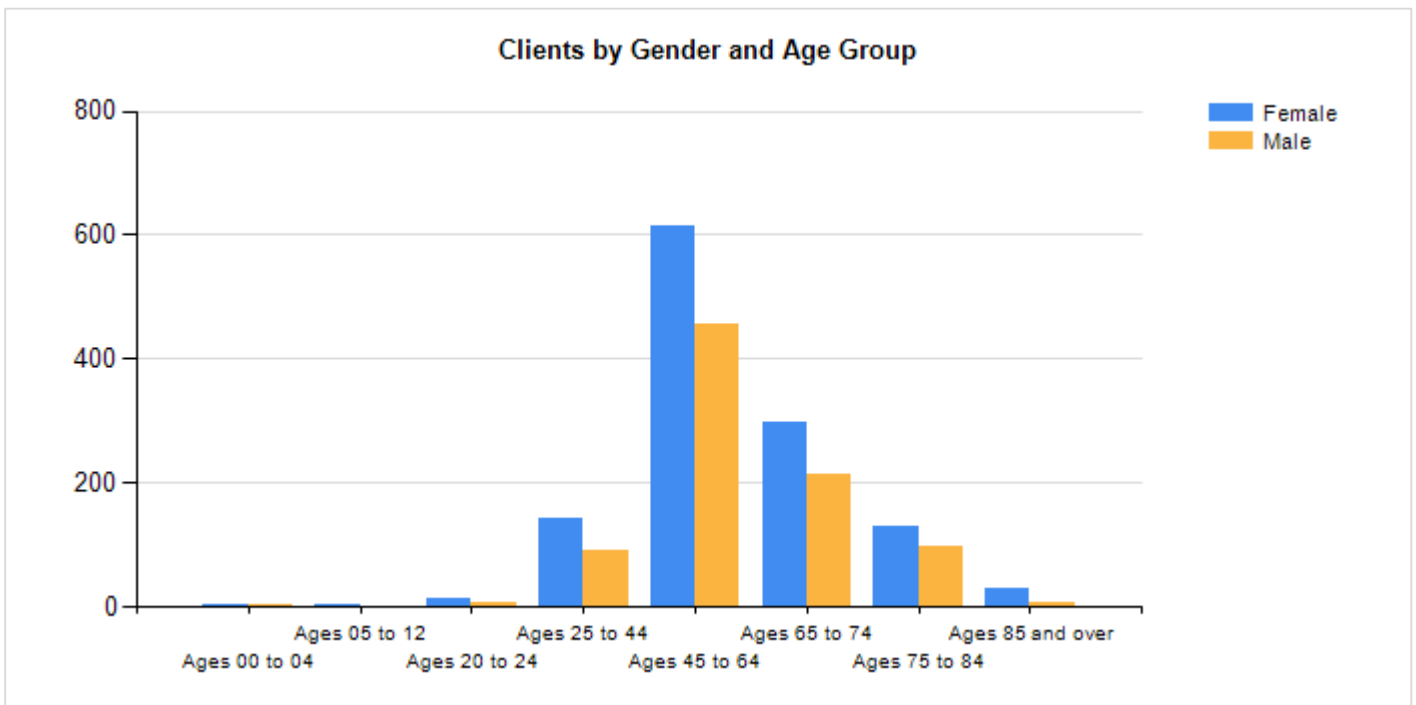
Episode Type	Reason	Episodes	Days Stay
ER	Chronic Disease	28	0
ER	Injury	7	0
ER	Non-chronic Disease	16	0
Hospital	Chronic Disease	24	134
Hospital	Non-chronic Disease	9	38
Hospital - Observation	Chronic Disease	5	0
Hospital - Observation	Injury	1	0
Hospital - Observation	Non-chronic Disease	2	0
Grand Total:		92	172



Age Gender Summary

(Clients visited: 01/01/2016 – 03/31/2016)

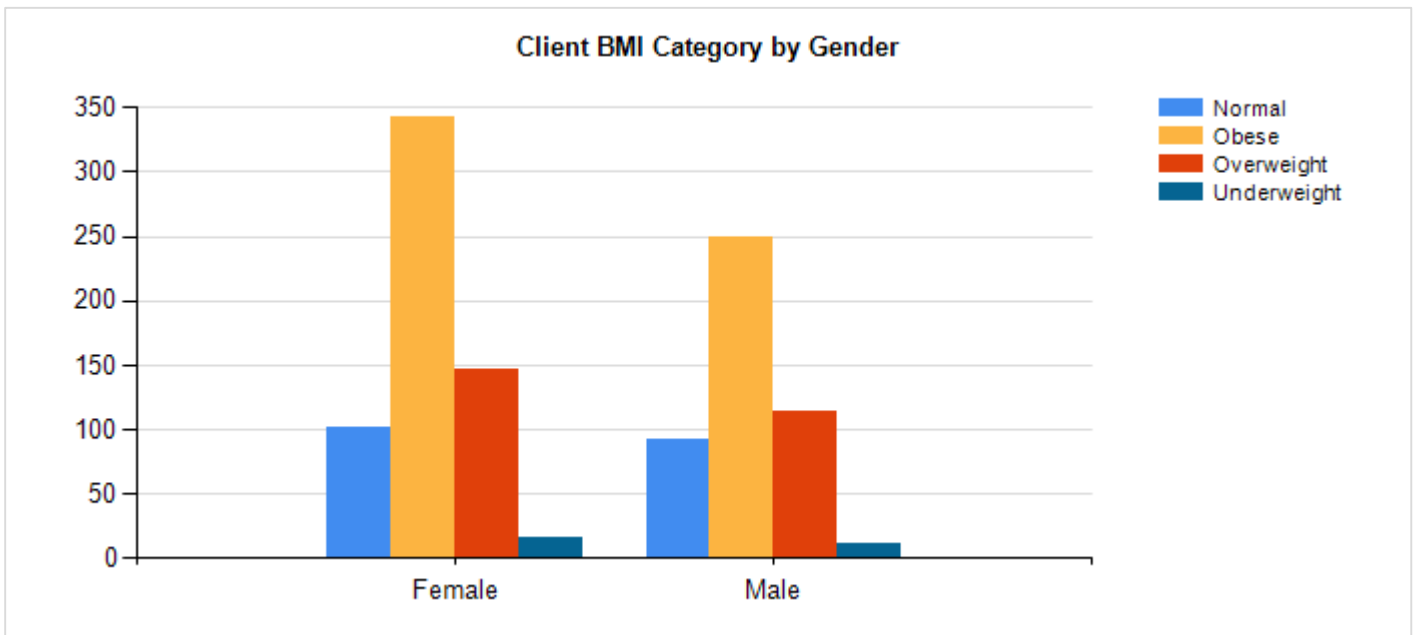
Age Group	Female	Male
Ages 00 to 04	1	1
Ages 05 to 12	1	0
Ages 20 to 24	14	8
Ages 25 to 44	143	90
Ages 45 to 64	615	456
Ages 65 to 74	298	213
Ages 75 to 84	128	96
Ages 85 and over	28	6
Totals	1,228	870
Median Age	60	61



BMI Category Summary

(Clients visited: 01/01/2016 – 03/31/2016)

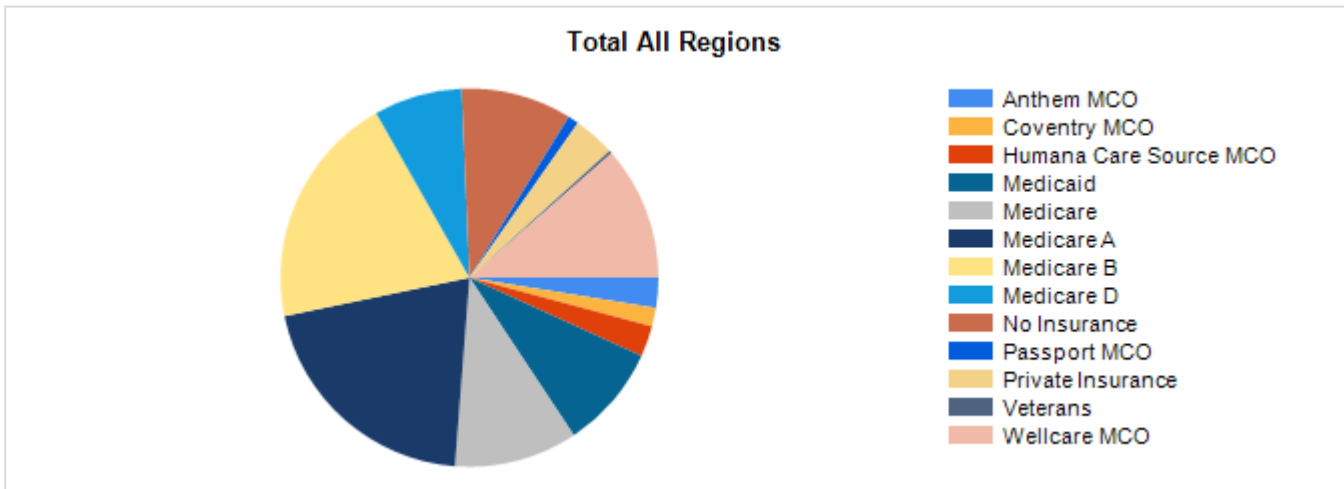
Gender	Bmi Category	Clients
Female	Normal	101
	Obese	342
	Overweight	147
	Underweight	16
	Total:	606
Male	Normal	92
	Obese	249
	Overweight	114
	Underweight	11
	Total:	466
Grand Total:		1,072



Insurance Summary

(Clients visited: 01/01/2016 – 03/31/2016)

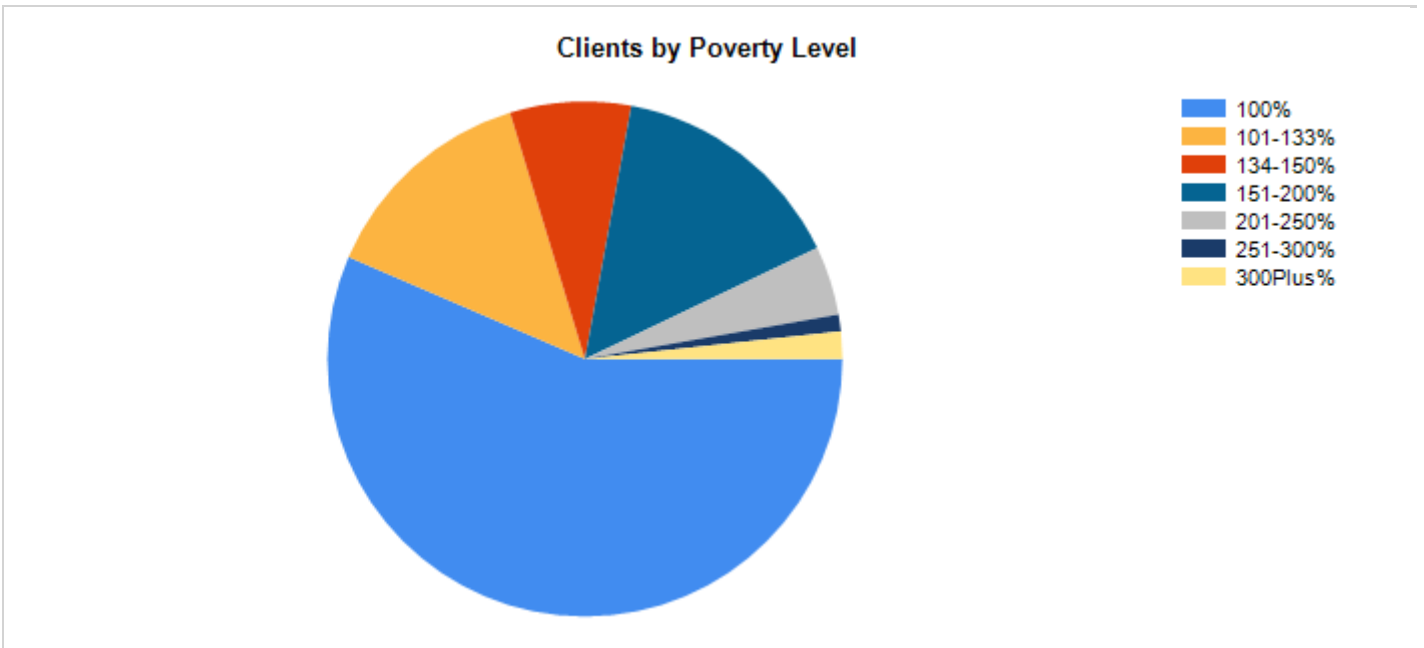
Insurance Type	Clients
Medicare A	719
Medicare B	703
Wellcare MCO	401
Medicare	370
No Insurance	332
Medicaid	312
Medicare D	265
Private Insurance	125
Humana Care Source MCO	92
Anthem MCO	90
Coventry MCO	56
Passport MCO	33
Veterans	9
Grand Total:	3,507



Poverty Level Summary

(Clients visited: 01/01/2016 – 03/31/2016)

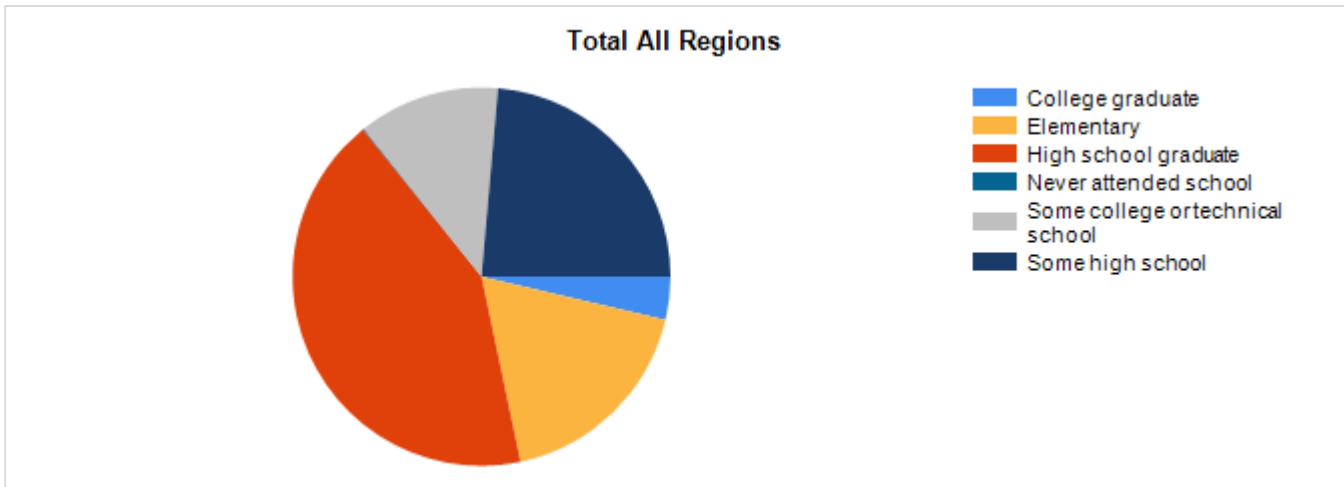
	100%	101-133%	134-150%	151-200%	201-250%	251-300%	300Plus%	Total
Clients	1,185	290	159	315	91	22	36	2,098



Education Level Summary

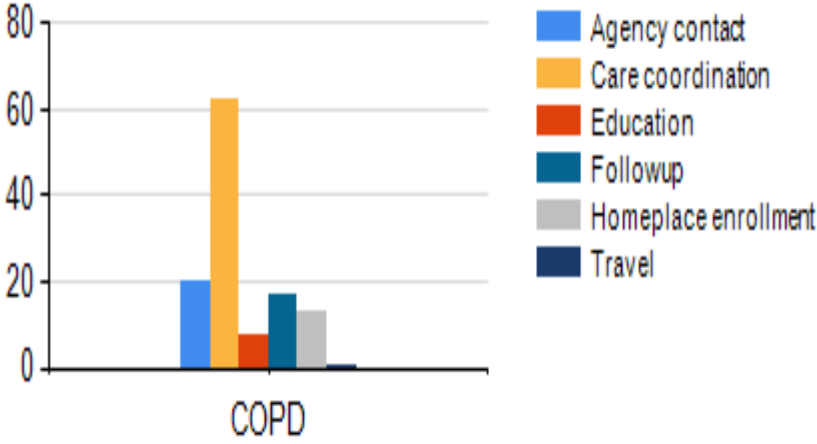
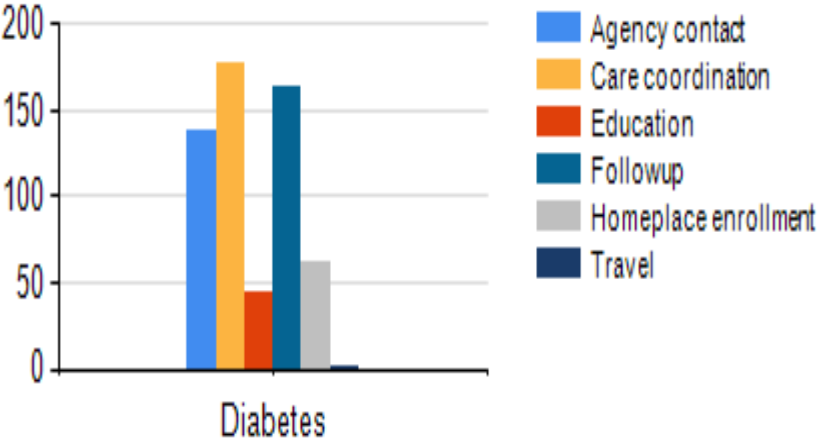
(Clients visited: 01/01/2016 – 03/31/2016)

Education Level	Clients
Never attended school	2
Elementary	378
Some high school	495
High school graduate	892
Some college or technical school	254
College graduate	77
Grand Total:	2,098



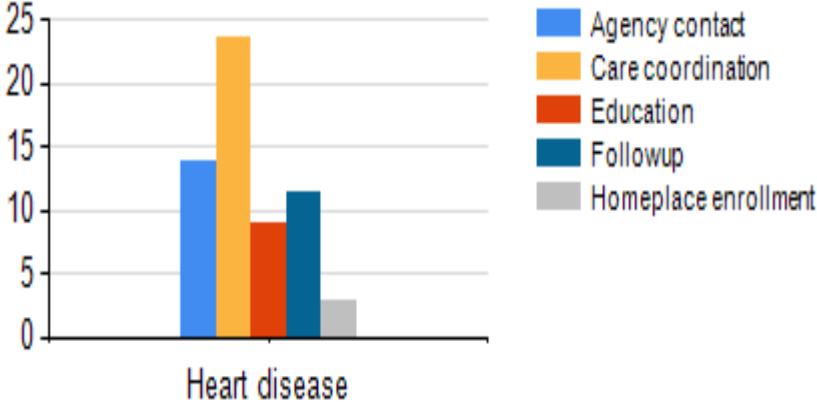
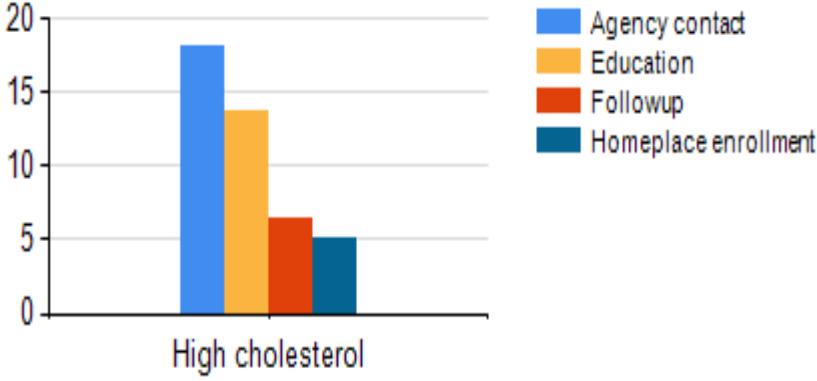
Need Activity Summary-Disease

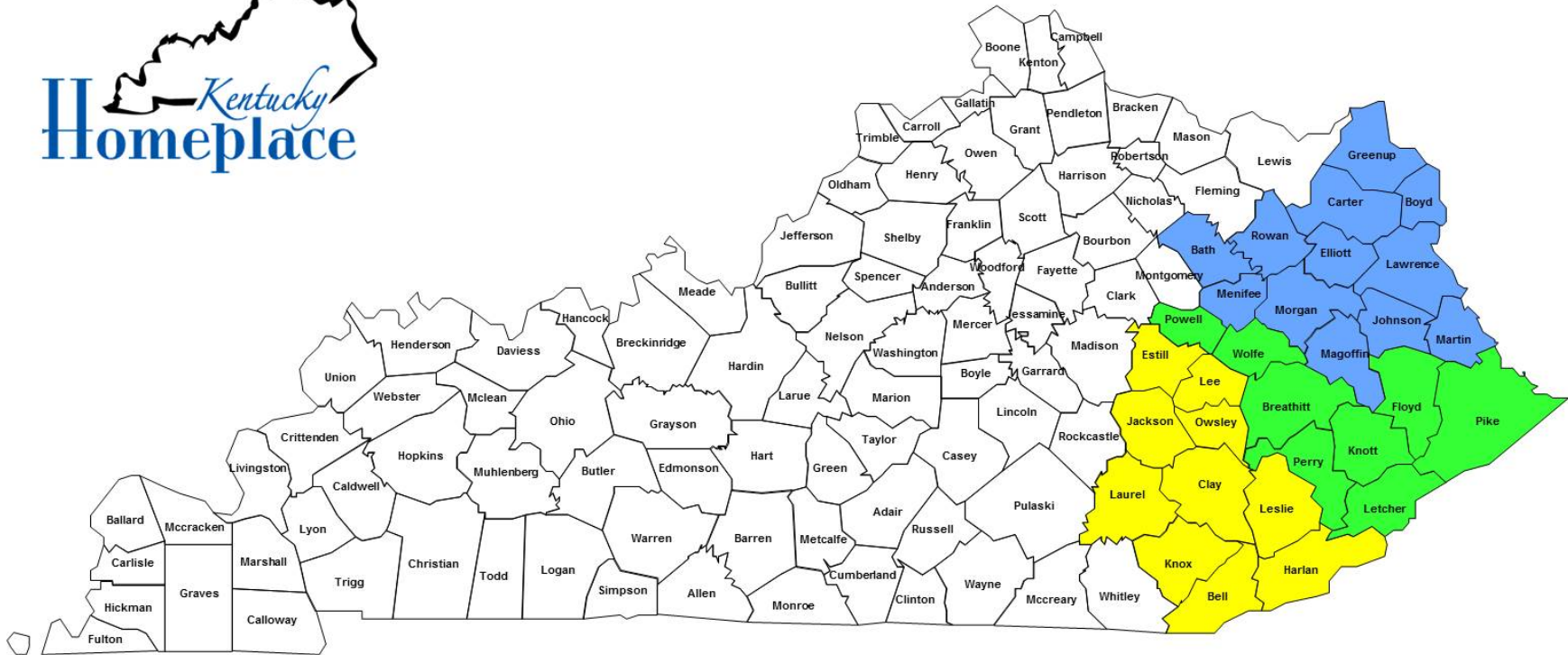
(Clients visited: 01/01/2016 – 03/31/2016)

<p style="text-align: center;">CHW Hours by Activity</p>  <p style="text-align: center;">COPD</p>	<table border="1"> <tbody> <tr> <td>Care coordination</td> <td style="text-align: right;">62.15</td> </tr> <tr> <td>Agency contact</td> <td style="text-align: right;">20.08</td> </tr> <tr> <td>Follow-up</td> <td style="text-align: right;">16.92</td> </tr> <tr> <td>Homeplace enrollment</td> <td style="text-align: right;">12.92</td> </tr> <tr> <td>Education</td> <td style="text-align: right;">7.75</td> </tr> <tr> <td>Travel</td> <td style="text-align: right;">0.67</td> </tr> <tr> <td style="text-align: right;">Total:</td> <td style="text-align: right;">120.49</td> </tr> </tbody> </table>	Care coordination	62.15	Agency contact	20.08	Follow-up	16.92	Homeplace enrollment	12.92	Education	7.75	Travel	0.67	Total:	120.49
Care coordination	62.15														
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Total:	120.49														
<p style="text-align: center;">CHW Hours by Activity</p>  <p style="text-align: center;">Diabetes</p>	<table border="1"> <tbody> <tr> <td>Care coordination</td> <td style="text-align: right;">176.98</td> </tr> <tr> <td>Follow-up</td> <td style="text-align: right;">162.45</td> </tr> <tr> <td>Agency contact</td> <td style="text-align: right;">138.88</td> </tr> <tr> <td>Homeplace enrollment</td> <td style="text-align: right;">62.42</td> </tr> <tr> <td>Education</td> <td style="text-align: right;">44.43</td> </tr> <tr> <td>Travel</td> <td style="text-align: right;">1.30</td> </tr> <tr> <td style="text-align: right;">Total:</td> <td style="text-align: right;">586.46</td> </tr> </tbody> </table>	Care coordination	176.98	Follow-up	162.45	Agency contact	138.88	Homeplace enrollment	62.42	Education	44.43	Travel	1.30	Total:	586.46
Care coordination	176.98														
Follow-up	162.45														
Agency contact	138.88														
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Education	44.43														
Travel	1.30														
Total:	586.46														

Need Activity Summary-Disease

(Clients visited: 01/01/2016 – 03/31/2016)

<p style="text-align: center;">CHW Hours by Activity</p>  <p style="text-align: center;">Heart disease</p>	<table border="1" style="width: 100%;"> <tbody> <tr> <td>Care coordination</td> <td style="text-align: right;">23.67</td> </tr> <tr> <td>Agency contact</td> <td style="text-align: right;">13.75</td> </tr> <tr> <td>Follow-up</td> <td style="text-align: right;">11.50</td> </tr> <tr> <td>Education</td> <td style="text-align: right;">8.88</td> </tr> <tr> <td>Homeplace enrollment</td> <td style="text-align: right;">2.75</td> </tr> <tr> <td style="text-align: right;">Total:</td> <td style="text-align: right;">60.55</td> </tr> </tbody> </table>	Care coordination	23.67	Agency contact	13.75	Follow-up	11.50	Education	8.88	Homeplace enrollment	2.75	Total:	60.55
Care coordination	23.67												
Agency contact	13.75												
Follow-up	11.50												
Education	8.88												
Homeplace enrollment	2.75												
Total:	60.55												
<p style="text-align: center;">CHW Hours by Activity</p>  <p style="text-align: center;">High cholesterol</p>	<table border="1" style="width: 100%;"> <tbody> <tr> <td>Agency contact</td> <td style="text-align: right;">18.17</td> </tr> <tr> <td>Education</td> <td style="text-align: right;">13.80</td> </tr> <tr> <td>Follow-up</td> <td style="text-align: right;">6.42</td> </tr> <tr> <td>Homeplace enrollment</td> <td style="text-align: right;">5.00</td> </tr> <tr> <td style="text-align: right;">Total:</td> <td style="text-align: right;">43.39</td> </tr> </tbody> </table>	Agency contact	18.17	Education	13.80	Follow-up	6.42	Homeplace enrollment	5.00	Total:	43.39		
Agency contact	18.17												
Education	13.80												
Follow-up	6.42												
Homeplace enrollment	5.00												
Total:	43.39												



30 County Service Area

Southern Region (888) 220-3783
Southeast Region (855) 253-0910
Northeast Region (888) 223-2910



Regional Summaries

Northeast Region

Janet Kegley	Regional Coordinator
Judy Bailey	CHW (Johnson & Magoffin)
Kala Gilliam	CHW (Rowan)
Terra Kidd	CHW (Boyd)
Angela McGuire	CHW (Lawrence & Martin)
Shirley Prater	CHW (Morgan & Elliott)
Alexandra Robinson	CHW (Greenup)
Elizabeth Smith	CHW (Carter)
Amanda Goolman	CHW (Bath & Menifee)

The Northeast Region began their first ever “Chronic Disease Self-Management Program” workshops. They also began training for the “Diabetes Self-Management Program”. Judy Bailey and Angela McGuire are members of the Big Sandy Diabetes Coalition and attend their monthly meetings. They both attended the Red Ribbon Luncheon for Heart Disease at the Highland Regional Hospital in Prestonsburg. Terra Kidd and Beth Smith along with their Coordinator Janet Kegley met with the Bellefonte Hospital’s case managers for a presentation of Homeplace. They also presented Homeplace at the Bellefonte Physicians Services Educational Seminar. Kala Gilliam and Amanda Goolman attended a health fair at Cross Roads Elementary School in Bath County. Shirley Prater, Amanda Goolman, Terra Kidd and Kala Gilliam attended the KPAP training in Hazard. Angela McGuire and Terra Kidd attended the Kentucky Cancer Program’s Mega Colon event at the Ashland Town Center Mall. The entire region also attended database training at the UKCERH in Hazard.

Judy Bailey attends the interagency meetings in both Johnson and Magoffin Counties.

Kala Gilliam attended the Rowan County interagency meeting. Kala’s office is located in the People’s Clinic which enables her to provide Homeplace services for their patients.

Terra Kidd attended interagency meetings in both Boyd and Greenup County. She is a member of the “Healthy Choices Healthy Community” and attends their monthly meetings.

Angela McGuire is a member of the Lawrence County HAT (Health Advisory Committee). Angela attends the monthly meeting at the UK extension office for the diabetes support group. Angela held a Diabetes Shoe Clinic for approximately thirty clients. She attended the Farm and Home Field Planning Committee Meeting, JJ Jordan Geriatrics Gathering/Valentines Event at the Nursing Home in Louisa, Rotary Meeting, the Louisa Middle School Fitness Health Fair, Step Up/Weigh Down Healthy Informational meeting, the Guardian Angel Emergency Housing Council meeting and the Community Health Worker Alliance meeting in Hazard. Angela met with Billy Wayne Noble to assist with the (LUCAS) Lung Cancer Survey.

Shirley Prater is a member of the Elliott County Partnership for a Healthier Elliott County. She is also a member to the Morgan County Diabetes Coalition. Shirley, Judy, Kala and Amanda are attending a DSMP (Diabetes Self-Management Program) and will be trained in the future to become leaders for this program. Shirley along with co-worker Beth Smith began a six-week CDSMP (Chronic Disease Self-Management Program) workshop.



Shirley also has recently begun to train all newly hired CHWs on the process of medication access. Shirley is also a member of the database team which consists of a CHW from each region who meets with administration and I.T. to work on the development of the new database.

Southern Region

Helen Collett	Regional Coordinator
Michelle Ledford	CHW (Clay)
Samantha Bowman	CHW (Lee, Owsley)
Kim Patterson	CHW (Knox)
Kathy Slusher	CHW (Bell)
Ratisha Roberts	CHW (Estill)
Vacant	CHW (Leslie)
Debra Maiden-Hensley	CHW (Harlan)
Tonya Bowling	CHW (Jackson)

The Southern Region welcomed Kimberly Patterson as the new CHW for Knox County this quarter. Kimberly has been in training for her position learning the various aspects of the job.

The Southern Region CHW's have started Chronic Disease Self-Management Programs (CDSMP) for their clients this quarter. It is our hope to recruit and teach not only our clients but community members as well in how to improve their health conditions.

Ratisha Roberts, CHW for Estill County, is assisting Samantha with her CDSMP classes and attended training for the new database.

Michelle Ledford, CHW for Clay County, attended a depression study meeting and started CDSMP classes in Clay and Laurel Counties.

Vanessa Fields, CHW for Leslie County, resigned this quarter.

Kathy Slusher, CHW for Bell County, attended KPAP training and a meeting at the Senior Center. Kathy also started CDSMP classes in Bell County.

Samantha Bowman, CHW for Lee and Owsley Counties, attended a depression study meeting and a database meeting. She also assisted the food pantry this quarter. Samantha started CDSMP classes in Lee County this quarter. Samantha Bowman is also a member the database team working on the development of a new database slated to begin in April 2016.

Debra Maiden-Hensley, CHW for Harlan County has attended KPAP training and met with the Health Department, Michelle P. Waiver representatives, Christ Hands and attended an elderly summit meeting. Also, Debra is assisting Kathy with Bell County CDSMP classes.

Kimberly Patterson, CHW for Bell County has attended the CHW four-day, new employee training in Hazard as well as one-day training on KPAP.

Southeast Region

Ralph Fugate	Regional Coordinator
Pollyanna Gilbert	CHW (Wolfe, Powell)
Barb Justice	CHW (Pike)
Katherina Hamilton	CHW (Floyd)
Carole Frazier	CHW (Perry)
Ashley Gilbert	CHW (Letcher)
Rita Owsley	CHW (Knott)
Deana George	CHW (Breathitt)

The first quarter of the 2016 year brought two new additions to our team. Rita Owsley came on board as our new CHW for Knott County and Deana George came on board as our new CHW for Breathitt County. Both are off to a great start and have already connected well within their perspective communities. We wish them both continued success.

This quarter all our staff attended the introduction to the new Kentucky Homeplace database training that was held in Hazard at the UKCERH.

Carole Frazier, CHW for Perry County, attended Wellness Recovery Action Plan (WRAP) training in San Diego, California. This five-day training qualified Carole to become a WRAP Facilitator. WRAP Facilitators gained an understanding of the recovery process as well as learned how to work with people who are mentally challenged. They were taught how to be instrumental in helping clients discover the strengths they have and how to use them to enhance their recovery. Wrap Facilitators are able to work with individuals and groups to develop their own WRAP. Carole also attended the Perry County Diabetes Coalition meeting, as well as numerous health fairs throughout Perry County. Carole is a member of the CHW alliance steering committee which is working on the formation of a state-wide CHW alliance.

Barb Justice, CHW for Pike County, attended the Big Sandy Interagency and Diabetic Coalition meetings as well as conducted several Diabetic Shoe Clinic events.

Kathy Hamilton, CHW for Floyd County, attended the Big Sandy Interagency meeting and the Homeplace Clinic resource meeting in Prestonsburg. She also held several Diabetic Shoe Clinic events.

Pollyanna Gilbert, CHW for Powell and Wolfe Counties, attended the Wolfe County interagency meetings, KRCC emergency housing meeting, assisted in setting up lung/colon cancer clients for interviews to be aired on a special PBS television program, as well as held several Diabetic Shoe Clinic events. Pollyanna is also a member of the database team who are working on the development of a new database which will go into operation in April.

Ashley Gilbert, CHW for Letcher County, attended the Letcher ICAN (home repair) meeting, local food pantry committee meeting, and the Letcher County interagency meeting. She also held several Diabetic Shoe Clinic events.

Rita Owsley, CHW for Knott County, attended meetings at the Knott County Health Department, Knott County Health & Wellness, Knott County vision/food bank committee, and attended the American Red Cross Day at

Hindman Elementary. She also introduced herself at the local Knott County doctor offices, pharmacies, and local interagency resource meeting. She attended a KPAP training and the four-day CHW training at the UKCERH in Hazard. She is assisting with the formation of a Diabetic Coalition in Knott County. She is also participating in a 6-week workshop on Diabetes Self-Management (DSMP) Stanford University Model.

Deana George, CHW for Breathitt County, attended a local Helping Hands Food Giveaway event and a local interagency meeting. She introduced herself to the local doctors' offices, pharmacies, Breathitt County Health Department, UK Extension office, and KRCC offices in Breathitt County. She attended a KPAP training and the four-day CHW training at the UKCERH in Hazard. She is also participating in a 6-week workshop on Diabetes Self-Management (DSMP) Stanford University Model.

Client Encounters

Actual Situations Encountered by Community Health Workers

January 1, 2016 – March 31, 2016

- **I** receive more and more calls every week from clients who receive Medicare that have gone into the coverage gap (donut hole). Many of these people have diabetes. Diabetics that are prescribed very expensive insulin or other medications are not able to purchase due to the high cost. This sends them into the donut hole real fast. Luckily there are several pharmaceutical companies I can access to help with this need. Kentucky Homeplace's education and support groups are other ways our program reaches out to seniors in my community.
- **I** had a very nice lady come in to my office that was in need of dentures. I got her enrolled and completed all the required surveys. During my screenings, I found out that she qualified for the Low Income Subsidy (extra help). She hasn't had a mammogram in over 10 years; she also needed dental services. My client's needs were taken care of with three phone calls and a little paper work; she walked out of my office feeling better than when she came in.

A few weeks later I saw her in the grocery store and she thanked me for my help. She said that she would have never known what to do or where to go if I had not made the calls and did the paperwork for her.

- **I** enjoy my job as a Community Health Worker for Kentucky Homeplace. I love serving the community. I had a lady to call me, who was having a very hard time, and needed assistance from Kentucky Homeplace. At first, she started out only needing eyeglasses. After scheduling her appointment with me at my office and speaking with her face-to-face, I found that her problems were worse than just needing eyeglasses. This lady had moved out of a bad living situation and moved in a camper with her son. She asked if Kentucky Homeplace could help her find a low income apartment in the county I work in. Immediately, I began looking and searching for low income apartments. After a couple of dead ends, I finally came across a low income apartment facility exactly where she was hoping to live. I spoke with the facility manager and introduced myself, and asked if she had any available apartments for my client. She explained that there was one apartment available for rent but wouldn't be open for long. We spoke briefly on cost, regulations and stipulations that would keep someone from not being eligible for the apartment. Thankfully, my client fit the criteria they were looking for as a tenant and I made her an appointment for the next day.

After going through the process and a one week waiting period, my client was approved for the low income apartment. On Monday, February 8th, my client called with excitement in her voice to inform me that she was approved for the apartment. The manager from the apartment also called me to let me in on the wonderful news. This was a prayer answered for my client. I made an appointment at my office and I personally got to meet the apartment manager, it was like meeting an old friend. I am very grateful to have found a home for my client and work with such a wonderful manager.

- **T**his is a story about a lady needing help with insulin. Her daughter had called telling me that her mother was almost out of her insulin and she didn't have the money to buy it. Later that week the lady called in and made an appointment to come in. During her appointment she had told me that she had recently lost her husband to cancer and was now on a fixed income and didn't know what she was going to do to get her

medicine. I found out what insulin she was taking and began looking at available resources. I was able to call a Free Clinic that I work with and they had the needed insulin and she was able to go by that day and pick it up at no cost to her. She was so grateful for the help she received and said she would for sure tell others about our service.

- **T**his is a story about a man needing help with dentures. I had a social worker call to ask about our programs. As I was telling her about how we assisted with getting dentures, she said I have the perfect person for this. She passed my contact information on to him to call me to make an appointment. A few days later I received a call from the gentleman to schedule an appointment. He came in for his appointment and was so excited to finally be getting dentures, but I could also tell he was very self-conscious about smiling. He went on to tell me that he had wanted to get a set for a while but couldn't afford to pay for them. I explained the denture process with him and he said it all sounded great. We went ahead and filled out the application and called to schedule his first appointment with a dentist that works with Kentucky Homeplace clients. A few days before his appointment, I called to remind him. About a month later he came by the office and was all smiles, He wanted to show me the finished product and tell me how pleased he was with them.
- **I**n January, I had a client come in who needed extensive dental work. She had medical insurance and worked 40 hours a week but could not afford to pay for dental work. I was able to get her assistance with dental services through a hospital that offers patient assistance. She called this morning and left a message and was so very thankful that she is no longer in pain and is able to have a normal life after she gets her dentures.
- **I** know a lady that has several rental homes and she had called me telling me of a story of a renter she has. This is a family of five that were just starting to rent off of her. The mother is in school and the father is presently out of work. The mom, dad and baby girl were sleeping on the floor and two of her boys were sharing a raggedy futon bed which had basically no padding on it. I told the landlord to give the family my number and I would try to help them out in this situation. The renter called me and we set up an appointment for her to come for an office visit. Upon her visit we completed an application for a project that builds beds for children that are in need of beds. I told her that they would contact her if she was to be rewarded with beds for the children. She still was in need of proper bedding for herself and spouse. After several attempts to contact agencies for help, I still could not find any beds. I was able to locate mattresses but no beds. A message was sent out to some friends of mine just asking if they knew of any beds available for this family. One had replied that she not only had a bed, but she also had box springs, mattress, total bedding and a dresser they could have if they could come and get them. I called the client about this and she was overly grateful. I arranged a pick up time and went out to friends home while my client and her spouse received these gifts. I was so thankful to be able to help them out. They were at rock bottom and had nowhere to turn at this point. The big factor of this was they did not ask for help, this need was seen and the landlord took the initiative to contact someone for support. It was wonderful to see someone get such blessing.
- **I** have a client that has been with Kentucky Homeplace for a few years. This client usually needed food baskets when I could get them or help with eyeglasses. During one visit she had asked me if there was any way we could help her get hearing aids, I had explained to her the process of getting help through a hearing foundation that we are able to access hearing aids for our clients. I told her at this time there was a possibility that another agency would be able to fund the cost of one hearing aid. She would only have to come up with the money for one of the hearing aids. She was so grateful and told me that she would have to

start saving up for that \$125 hearing aid. I had told her to just let me know when to start the paperwork for this program. After several months she called me and asked that we start the process of her hearing aids. She brought in and mailed in all documents needed to start this process. We scheduled appointment for her hearing evaluation and the week we were to mail in her application her ninety year old sister that lived out of state turned ill and she had to go help take care of her. My client called me crying saying there was no way she would be able to pay her part of the hearing aid now, since she was going to have to use her money to travel out of state to help take care of her sister. The following week I went to the Ministerial Association and asked for money to help pay for this lady's hearing aid, they not only agreed to pay for the hearing aid but they also stated that they would fill her car up with gas. When I got in contact with my client and told her of this, tears of joy filled the phone for several minutes. She said she would not know what to do without the help of Kentucky Homeplace. We had done more for her than any other group or organization. She very seldom asked for assistance and said she was so blessed to have such help when it was so needed. Her application is now in the process of getting completed. She jokingly stated at the end of our conversation, that now, she won't be at church asking everyone to repeat themselves now.

- **M**y day started out as a normal day. I then received a call from a client that I had been helping obtain medications. He had a lot of questions concerning insurance, he had turned 65 a few months ago but he was uncertain of any prescription plans. He and his wife were in the process of getting full custody of three grandchildren and she is not well herself.

I made an appointment for them to come in. I could help him with a couple of medicines through the patient assistance programs as before, but his main thing was that he wanted to have a "Medicare D" plan. We reviewed 25 different options with him selecting one that was low cost and all his medications were covered. We called his doctor and they wanted him to come in for blood work so we made an appointment for a fasting glucose test to be done. Satisfied with the new plan and appointment, now it was his wife's turn. She received a letter from Kynect saying she was losing her coverage 12/31/15, she called her MCO provider, they said, "yes, effective 12/31/15, you will lose your coverage". Terrified, with a bad heart also, she was almost in tears telling me about it. I was listed already as her Kynector, so I said, "Let me take a look at it". First thing I saw was a yellow warning banner that said, you need to update your information or your coverage will end. I updated all the fields that required them to be and now she is fine, her coverage will not end until next year when she turns 65. As they went out the door, they looked back and said, "Maybe tonight, we can sleep without having to worry".

- **A**n old client called that had come to Kentucky Homeplace years ago for help with eyeglasses. She had just gotten out of hospital and said she had insurance coverage but it did not cover her colostomy supplies which she needed each month. She always ran out before the end of the month. She wanted to know if Kentucky Homeplace could help her with this problem. She was unable to come into the office so we setup a time for me to do a home visit. She was very happy that we could do this in her home since she would have to hire someone to bring her to my office. I had some donated supplies in my office that just happened to be the exact ones she needed. I took her some of the donated supplies to cover the time that she needed. I told her to call me if she ran out or if there was anything else she needed.
- **I**t's funny how things work out. I called a local clinic to make an appointment for a client in need of a medical home. They were in need of help with their medication. The person that answered the phone at the clinic asked me what Kentucky Homeplace was and what did we do. After explaining our program to them

she went on to tell me that she was having a problem with getting one of her medicines. She had insurance but the co-pay for it was so much and she had several to buy. I asked her if she would like to make an appointment and I would see what I could do to help her with her medication. She wanted an appointment. When she came in for her appointment I was not able to get the medication she needed, but there was one better. I found a program that would pay the copay! She would be able to take it to her pharmacy and it would pay the copay for her very expensive medicine. We also found another program that she could order all the other medicine through. Both she and I were happy campers.

- **T**his quarter I encountered a young man in his early twenties that had previously struggled with drug addictions. This client had been referred to Kentucky Homeplace for assistance with dentures and hearing aids.

The client had such a low self-esteem that he couldn't make eye contact at the time of his initial interview. I was able to assist him with a complete set of dentures at a reduced cost. I didn't recognize the client the next time that he came into the office because he was smiling and talking about how Kentucky Homeplace has improved his overall quality of life. This client was a completely different person who seemed to be very outgoing and happy.

Currently he is in the process of receiving assistance with hearing aids. He has needed these most of his life and now because of Kentucky Homeplace he will have a brand new pair.

- **W**hile working on a new client to get his diabetic medicine he became very sick and was in the hospital for weeks. When he got out of the hospital the co-pay for his medicine was \$2,800. He had to have this medicine or he would die and that was a lot of money for him. He was prescribed 200 units of Humalog. The Pharmacist told me she had never seen anyone get that much and that it is very expensive. I called his doctor's office. They have always been very helpful. I asked them if they had any samples and they had exactly what he needed. The client was told to call them when he needed more. He was very appreciative of the help.
- **I** have encountered many situations with my job and I have been able to help a lot of family and friends due to my job. I just helped a woman who has been a friend of my family for many, many years. She said that she was never able to get any help with anything in her life until she came to see me years ago and has been getting medicine ever since. She didn't know what she would do without my help. She is a very precious older lady and she was so grateful. She was recently diagnosed with Glaucoma and her eye drops were \$178.00 a bottle. I was able to get these for her at no cost.
- **D**uring this quarter I have worked with many individuals with different needs but one client in particular stands out the most, this client came into the office needing help with getting medication. Her husband was recently laid off from the coal industry and she could no longer afford her medicine. Her cost for just one medicine was over \$800 per month. I was able to get the medicine free of charge. She was very happy and has since that time referred many of her family and friends to me.
- **I** had a man come into my office needed help with getting a pair of glasses. During the Kentucky Homeplace enrollment, I learned that the man was homeless. He didn't have a primary address or phone number. I helped the client fill out an application for Kentucky vision project and made a few phone calls to our housing authorities here in Knox County. After speaking with one, I went and got an application for the

client. He returned the next day and I helped fill out the application. He thanked me for helping him with housing when all he was asking for was glasses to see better at night.

- **A** few weeks ago, I had a lady call my office. She had been referred by the housing authority. She asked if I could help her find a shower chair for her husband who is terminally ill. This couple is surviving on very little income. She told me that she had contacted the VA Hospital for weeks and that they had been no help to him at all. She stated that she is the only one helping to take care of him and the last time she gave him a bath he fell. He can't sit down in bathtub due to not being able to get back out, so he stands in the shower. I told her that I would be more than happy to try to help them. I enrolled her husband into the program the next day and called the Carat program. I was able to get her a shower chair within 48 hours at no cost to them. She was so thrilled when she picked it up that she had tears in her eyes, she even called me the next day and told me how much easier it was to bath him and that he was so tickled with it. Sometimes the little things that we think are easy (like taking a shower) are huge obstacles in other people's lives. It is the small things like this that make this job so rewarding.
- **T**his quarter I was able to assist a 78-year-old lady who had been partially deaf in both of her ears for over 15 years. She had no insurance to pay for the new hearing aids so I explained to her about the Hear Now Program and went over all the requirements with her. She and her daughter both agreed that they would be able to pay for her hearing evaluation. She was able to obtain the aids that she needed. She also needed help with eyeglasses, so I was able to enroll her with Kentucky Vision Program.
- **W**here do I go, what do I do now? That was what he asked me when a man finally realized he had lost everything that meant anything to him. He lost his family to divorce. He lost his job because he could no longer hide his addiction to drugs. This horrible disease is as bad as cancer in our area.

Knowing that Kentucky Homeplace tries to help anyone with any problem, he came to me for help. Since we had a similar experience in our family, I had some ideas and he was willing to try anything. He is no stranger to the process, since he had been through drug court system.

Willing to do whatever it took, he chose rehab, this had helped him in the past. We were able to find a place that would take him and he did the 30-day program and returned home. He is attending a local substance abuse program and is taking the Vivatrol injection that I was able to help him apply for from the Orsini patient assistance program.

- **D**uring this past quarter, I have been finding more and more clients that have Medicare part D and Medicaid but they will not pay for the brand name medicines or have really high copay for medicines. I have a lady in her mid-70's that needs arthritis medicines. Last year, she paid copay of \$150 a month. This year when she tried to get her medicines they asked her 25% copay that came to \$1,000 a month. I called the copay assistance programs and they will not help her because she has Medicare part D. If she didn't have this coverage, she could get the medicine free. Together, she and her husband get about \$2,500 a month but he has medical bills from cancer surgery. They have monthly bills to pay and to be able to put food on the table. They find it difficult to make these bills and purchase their medicine for \$1,000 a month. I called her insurance and she will have to spend \$4,850 to get out of the coverage gap and then she can get the medicines for \$170 a month. It is difficult for me to understand that after they worked all these years and retired, they are not able to afford the medicine they need. I called the pharmaceutical companies and they will not help because she has insurance. The insurance company gave me a list of co-pay assistance

programs and I am trying to call these agencies to find someone to help. She cannot come up with \$1600 for the next three months. If they buy their medicine, they won't be able to pay for anything else.

- **I**n mid-January, when we were getting hit with a lot of snow and the roads were very treacherous, I received a call from a Wellcare case worker. They told me about a lady in the community who was in need of immediate assistance. She and her daughter (age 10) were snowed in, and they only had a wood burning stove (with no wood to burn) to provide heat for their house. In order to stay warm, they were burning clothing and other household items. The lady is a severe diabetic and the case worker was at a loss at what to do for her. She couldn't get out to go to LKLP for heating assistance. I called the local sheriff's department to do a wellness check. I also found a volunteer organization in the community who was able to take her some firewood and a food box. Later, when the weather cleared up, the lady came in and signed up for the Kentucky Homeplace program. She is in care coordination for diabetes and she is extremely grateful for the help we were able to provide for both her and her daughter.
- **I** had a couple come into the office wanting assistance with insulin; both of them are diabetic and take a couple of different types of insulin. Unfortunately, due to the amount of money they received from social security, they didn't qualify for any assistance programs (despite the fact they were paying an exorbitant amount of money each month on medicine and other cost of living expenses). Thanks to the questions in the Homeplace enrollment, I found out that the husband had served in the military. Upon further inquiry, I found out he had served active duty during war time which should qualify him for benefits. He never checked with the VA to see if they could provide him any aide. I found out when the VA comes to town (they set up once a month at a local medical clinic). I provided them a list of the information they would need to bring with them for the meeting to help make the process move quicker. I am still working with them on getting diabetic shoes.
- **A** lady in her mid-60's came into my office needing help with medications. She was under the annual poverty level of 138% and had a diagnosis of Huntington's disease. She has Medicare A & B and previously had Wellcare RX coverage; however, her RX coverage had been discontinued due to nonpayment of \$32 monthly. Another family member was responsible for overseeing her social security money and paying her monthly bills. When she called Kynect, they said RX coverage couldn't be reinstated until re-enrollment in October 2016. She was very worried and discouraged; she didn't need this extra stress. The client informed me her medications would need refilled on February 24th. I began working on her case and realized I didn't have a lot of time to get meds approved through KPAP. This prompted me to sign her up for Medicare LIS (Low Income Subsidy). Through numerous phone calls to Medicare and Medicaid, I finally found a program called Medicare Linet (Low Income NET program). During my first call to Linet, a representative was able to do a 3-way call with me, client and pharmacist to get her medications filled that day at no cost to client. Client now has been reinstated with Medicare part D – RX coverage along with LIS approval. Also, she has a more responsible family member with Power of Attorney over her and her monthly finances.
- **A** male in his late 50's came into office needing help with medications. His family was under the annual poverty level of 138% and he had a diagnosis of severe COPD, asthma, HBP and diabetes. The client has Medicare A & B and Medicare RX (Health spring) coverage; however RX coverage wouldn't cover his Spiriva and Symbicort for his COPD. The client mentioned he was a disabled coal miner of 30 plus years. After observing his breathing, I could tell he really needed these medications. We completed and sent LIS in electronically. I knew this would take time to get a status of approved or denied. In the meantime, we

needed to try other venues for these two medications. I phoned his primary care provider to see if they had any samples and unfortunately they did not. I, then, entered him in Kpap and began the process of obtaining his needed meds through Boehringer Ingelheim Cares Foundation. After completing and signing all needed applications for medications, the client left the office. I continued to work on his case and within one week, I was able to send client to get samples of Spiriva from his primary care provider. Client's LIS application was approved within 30 days. He is now able to purchase medications from pharmacy for \$7.20 a month. Client came back into my office to thank me.

- I had a client who was a diabetic and had a partial foot amputation. I worked closely with his case worker through KRCC and called many of our resources to help find him a Draco wedge shoe, which is basically just a shoe that gives him support so that he is able to walk on his foot. He had a prescription from his doctor but no local pharmacies carried this. I made several phone calls to many medical supply stores and eventually we found one. Then my client struggled with not being able to afford the shoe. Again working with KRCC, he was offered the option of paying half of the price, which he did. To me, this felt successful because he actually said to me that he felt like I was the only person that was worried over this because I continued to call companies until he was able to receive the assistance he needed.
- I had a client who was referred to me through the local health department. This client was in desperate need for some medication assistance. I scheduled him an appointment to come in my office. I immediately went through KPAP and discovered that only one of his medications was covered. He then stated that he struggled with his blood pressure. He said he was on blood pressure medication and was supposed to check his BP daily. He said he did have a BP cuff but his dog had chewed it up. Due to his financial situation, he was not able to replace it at this time. He said he had been stopping by his doctor's office and when someone was available they checked it for him. I contacted CARAT and actually got a blood pressure cuff donated for him. I felt like this was another success story because when I called him to let him know that I had found one, he was very grateful and a little emotional. He made the comment he wasn't used to people being so kind to him. Both of these situations made me feel like my job was actually making a difference.
- I have a lady that I am working with who is in her mid-40's who is a severe diabetic. She cannot afford her medicine and came to me for help. Her A1C was 8.0 and she has tried just about everything to try and get it down. I was finally able to assist her in getting Victoza which helps regulate her sugar levels. After getting the Victoza for 3 months, her A1C came down to 6.6. The issue is now Wellcare will not pay for the medicine. I have been working with her on getting samples and will keep checking on getting the Patient Assistance Programs to help with her medicines. Patients on Medicaid can only get generic medicines and that makes it difficult if the medicine they need is not offered in generic form.