# UNIVERSITY OF KENTUCKY Kentucky Homeplace

# April 1, 2013 – June 30, 2013

## **Quarterly Report**



In Memory of Shirley Madrey Harlan County Community Health Worker April 10, 1952 – April 26, 2013

Kentucky Homeplace, and especially the Southern Region, suffered a tragic loss this quarter with the sudden death of Shirley Madrey, in a house fire, on April 26, 2013. Words cannot describe the emptiness and heartache that Shirley's death has left us with. She served in her position of Community Health Worker for thirteen years and was a go-getter. She went out of her way to find a solution to her clients' needs. Shirley was a remarkable lady, never taking but always giving, to her co-workers and clients. She was a mentor to her fellow community health workers. They often went to her for support, knowledge and advice. Shirley left us and her family with many treasured memories that we will cherish and recall in the coming months and years. – Helen Collett, Southern Regional Coordinator

Kentucky Homeplace http://www.kyruralhealth.org/homeplace

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# Kentucky Homeplace

My Fellow Kentuckians:

Kentucky Homeplace emphasizes education for clients on chronic disease management, healthier lifestyles and stressing preventative care. For overall health, Homeplace provides education on healthy eating habits and increasing physical activities. Our diabetic materials include education on the condition, eye care, foot care, diet and physical activity. Other topics for education include information on the condition and appropriate diets for hypertension, cholesterol and heart disease. Clients are also given education on preventative screenings including mammograms, Pap Smears, colon and prostate exams. For clients who want to quit smoking or quit any type of tobacco use, education and referrals for cessation classes, support groups and aids are given.

#### Quarterly Summary

Here's a summary of services for this quarter, April 1, 2013 – June 30, 2013: the number of unduplicated clients served was 4,584; the amount of medications accessed was \$7,619,636; other services values accessed totaled \$688,785; and number of services was 103,946. The top client medical conditions included hypertension, high cholesterol, diabetes, mental health, and digestive disorders.

#### Annual Summary

Our annual summary of services for July 1, 2012 – June 30, 2013 include: total number of unduplicated clients was 7,950; individual clients are seen on the average of 3-4 times a year. The number of services was 422,396 with services values of \$2,874,673 (this total includes everything except for prescription medications); and medication values totaled \$28,602,375. Total value of dollars accessed on behalf of the Commonwealth's citizens was \$31,477,048.

The entire quarterly report is posted on the UK Center of Excellence in Rural Health's web page for your review at <u>http://kyruralhealth.org/homeplace</u>. The report is found under the Reports tab, Quarterly Reports and then click on April – June 2013. If you wish to have a printed copy, please call 1-855-859-2374 or email me at <u>fjfeltn@uky.edu</u>.

Sincerely,

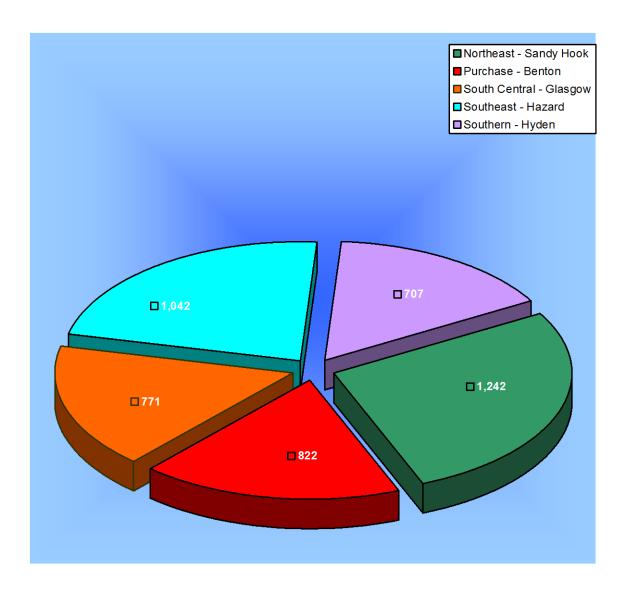
Frances & Feltner

Fran Feltner, DNP, RN, MSN Director, UK Center of Excellence in Rural Health

AGE DISTRIBUTION OF HOMEPLACE CLIENTS					
APRIL 1, 2013 – JUNE 30, 2013					
CATEGORY	FEMALE	MALE			
AGES 0 TO 4	3	1			
AGES 5 TO 12	2	1			
AGES 13 TO 14	2	1			
AGES 15 TO 19	11	5			
AGES 20 TO 24	53	39			
AGES 25 TO 44	418	289			
AGES 45 TO 64	1,590	1,099			
AGES 65 TO 74	462	282			
AGES 75 TO 84	166	105			
AGE 85 AND OVER	38	17			
TOTALS	2,745	1,839			
Median Age:	56.1	55.6			
Source: Data extracted from the Kentucky Homeplace database. Total Unduplicated Clients 4,584					

POVERTY LEVELS OF HOMEPLACE CLIENTS								
APRIL 1, 2013 – JUNE 30, 2013								
		101-	134-	151-	201-	251-		
	100%	133%	150%	200%	250%	300%	300+%	Total
CLIENTS	2,713	820	310	572	118	40	11	4,584
TOTALS	59.18%	17.89%	6.76%	12.48%	2.57%	0.87%	0.24%	100.00%
Source: Data extracted from the Kentucky Homeplace database								

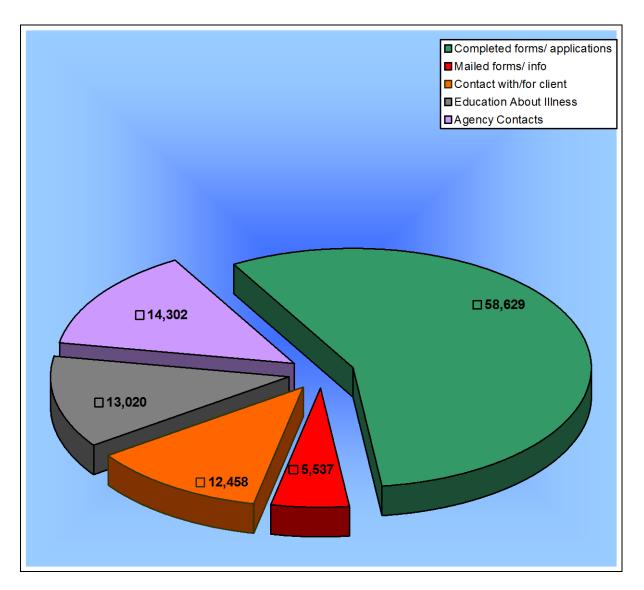
#### Total Clients Served By Region April 1, 2013 – June 30, 2013



### **TOTAL UNDUPLICATED CLIENTS FOR QUARTER: 4,584\***

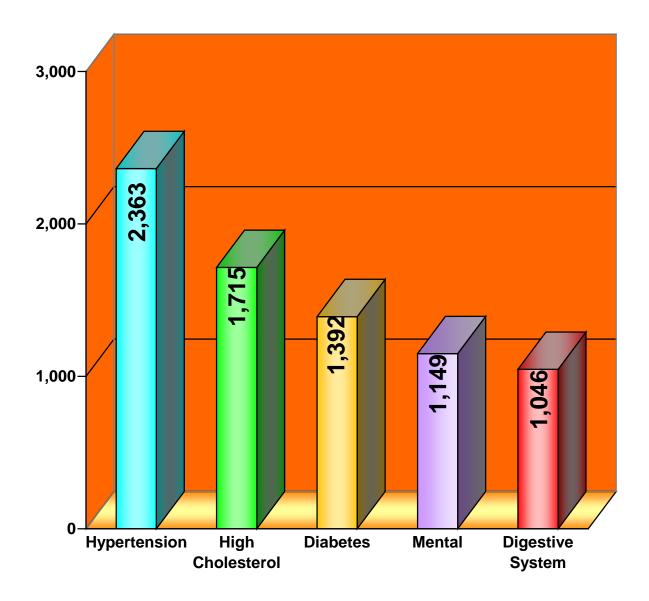
\*This total represents <u>unduplicated</u> clients seen this quarter. Some clients may be seen more than once a quarter or by more than one community health worker a quarter.

#### Client Services April 1, 2013 – June 30, 2013

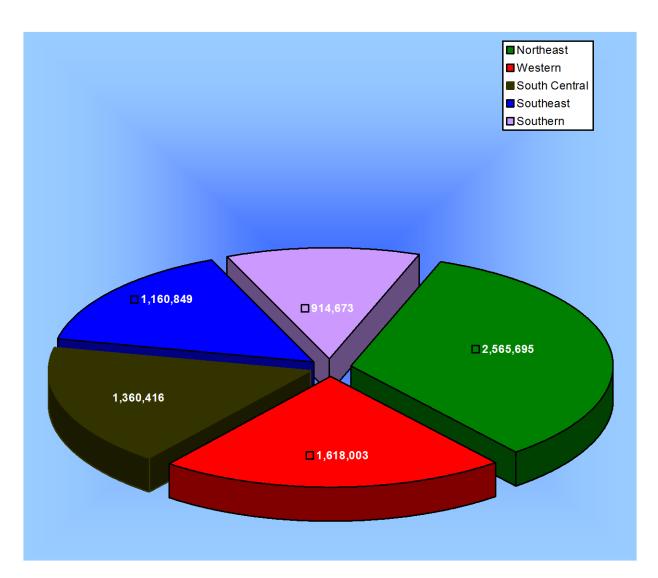


#### **TOTAL SERVICES FOR THE QUARTER: 103,946**

### Top Five Client Problems By Condition April 1, 2013 – June 30, 2013

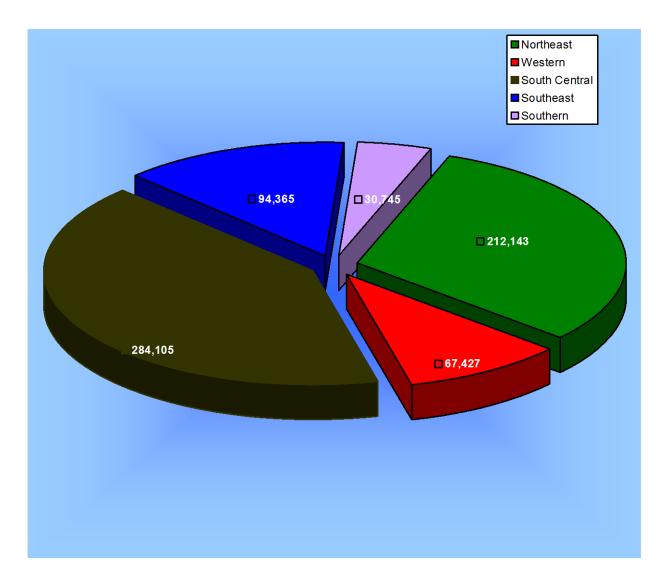


#### Client Medications Value April 1, 2013 – June 30, 2013



### **TOTAL MEDICATION VALUE: \$7,619,636**

#### Client Services Value April 1, 2013 – June 30, 2013



### **TOTAL SERVICES VALUE: \$688,785**

\*Services Value represents any services and supplies other than medications.

#### **REGIONAL SUMMARIES**

Kentucky Homeplace received a second gift award, provided by the Anthem Foundation, for the Improving Diabetes Outcomes Phase II (I DO) initiative. Continuing the project, Kentucky Homeplace will focus even more attention on educating diabetic clients about the benefits of a healthier lifestyle. Specific emphases will include better food choices and exercise habits, with goals of lowering clients' blood glucose levels and body mass indices.

<u>Northeast Region</u>	
Janet Kegley	<b>Regional Coordinator</b>
Lana Bailey	CHW (Greenup)
Angela McGuire	CHW (Lawrence, Martin)
Elizabeth Smith	CHW (Carter)
Shirley Prater	CHW (Elliott, Morgan)
Judy Bailey	CHW (Johnson, Magoffin)

This quarter, the Northeast Region's Community Health Workers (CHWs) served 1,243 clients. A total of 33,526 services were provided to these clients, with service values of \$212,143. In addition, \$2,565,695 value of medication was accessed on their behalf.

The Northeast Region, along with other community members, attended training with the chairman of the Remote Area Medical (RAM) Clinic in Greenup County. The group also attended the Eastern Kentucky Veteran's Expo in Boyd County and the Stroke Seminar at the Bellefonte Center.

Homeplace Director Mace Baker, and UK Center of Excellence in Rural Health's Gretchen Holmes, Research Associate Senior, conducted a session on Research 101 during our May staff meeting. Additionally, the Northeast Region completed the first part of the Improving Diabetes Outcomes (I DO) Phase II Research Project for their counties.

Our region hosted the Greenup County Interagency meeting and presented Kentucky Homeplace at the May's interagency meeting. Judy Bailey attended the interagency meetings in Johnson and Magoffin counties. Lana Bailey is a member of the Greenup County Diabetes Coalition and a member of the Greenup County Diabetes Support Group. Lana assisted with the RAM Clinic and was instrumental in bringing the event to Greenup County.

Angela McGuire attended the interagency meetings in Martin and Lawrence counties. Angela is a member of the Lawrence County Diabetes Coalition and the Lawrence County Diabetes Support Group. Angela is also a member of the Health Action Team (HAT).

Shirley Prater attended the interagency meetings in Morgan and Elliott counties. She is a member of the Morgan County Diabetes Coalition. Shirley assisted with the "Spring into Health Fair" and "Fun in the Golden Years" event.

Beth Smith is a member of the Carter County Wellness Coalition and attends the meetings at the UK Extension office.

Southeast Region	
Ralph Fugate	<b>Regional Coordinator</b>
Beverly Blackburn	CHW (Knott)
Julia Keene	CHW (Breathitt)
Barbara Justice	CHW (Pike)
Pollyanna Shouse	CHW (Wolfe, Powell)
Kathy Hamilton	CHW (Floyd)
TBA	CHW (Lotts Creek Program)

This quarter our CHWs served 1,072 clients. A total of 16,187 services were provided to these clients, with service values of \$94,365. In addition, medication valued at \$1,160,849 was accessed on their behalf.

The Southeast region welcomed Beverly Blackburn as the new Community Health Worker for Knott County. Ms. Blackburn is a retired school teacher from the Knott County School System and brings a wealth of community engagement experiences to the table.

Our CHW's have been extremely busy with their daily client workload, but this quarter also brought the implementation of the Improving Diabetes Outcome Phase II. The session began with each CHW scheduling clients to come in for a community health diabetic day. Our director, Mace Baker, RN, provided a presentation on healthy eating habits and other crucial information regarding diabetes to the group. Part of the session include checking each client's weight, height, waist circumference for body mass index (BMI), height, blood pressure, foot examination, and lab tests for Hemoglobin A1c (HbA1c), and glucose levels.

In the weeks to come, our CHW's will follow up with a home visit for each client and review the educational materials. The clients will later return for a group session and have their HbA1c, glucose levels and weight checked again. The goal is to educate the clients for a healthier lifestyle, including better nutrition and increased physical activity, and better physical health.

The Southeast region attended meetings in their home counties at community action centers, health departments, as well received training in a new resource regarding Lymphoma clients who can get financial assistance and other benefits. It was a very busy quarter for our entire region.

Southern Region
Helen Collett
<b>Michelle Ledford</b>
Brenda Harris
Linda Thacker
TBA
Paul Frederick

Regional Coordinator CHW (Clay) CHW (Bell) CHW (Lee, Owsley) CHW (Harlan) CHW (Knox) This quarter our CHWs served 707 clients. A total of 12,766 services were provided to these clients, with service values of \$30,745. Medication value accessed totaled \$915,427 in this service area.

From the cover page: The Southern Region suffered a tragic loss this quarter with the sudden death of Shirley Madrey, in a house fire, on April 26, 2013. Words cannot describe the emptiness and heartache that Shirley's death has left us with. She served in her position of Community Health Worker for thirteen years and was a go-getter. She went out of her way to find a solution to her clients' needs. Shirley was a remarkable lady, never taking but always giving, to her co-workers and clients. She was a mentor to her fellow community health workers. They often went to her for support, knowledge and advice. Shirley left us and her family with many treasured memories that we will cherish and recall in the coming months and years. – Helen Collett, Southern Regional Coordinator

Our region continues to offer services to Harlan County until another CHW has been selected and trained. We know that Shirley would want Homeplace to offer her clients the same quality of services that they received from her. Helen Collett, regional coordinator, has been taking calls and arranging for other CHWs to assist the Harlan County clients during this time.

The Southern Region held four very successful I DO Diabetic days this quarter. Clients with diabetes or at risk for diabetes were asked to participate in this study. On the diabetic day, our clients were given education about diabetes. Their weight, height, blood pressure and Hemoglobin A1c (HbA1c) numbers were taken and recorded on this date for future comparison. A follow-up home visit will be performed in three months by the CHWs. We hope to educate and encourage our clients to live a healthier lifestyle.

Our region attended various meetings this quarter, including grief counseling; the I DO Diabetic days, staff meetings and a research meeting with Gretchen Holmes, Senior Research Associate, UK Center of Excellence in Rural Health and Mace Baker, Director of Homeplace.

Along with the meetings the entire region participated in, Linda Thacker participated in a community food pantry give away and a meeting with the Education Council and Beattyville Housing. Paul Frederick attended the Knox County Interagency meeting and Health Care Coalition. Brenda Harris attended the Bell Whitley interagency meeting. Regional Coordinator Helen Collett attended all the diabetic days her staff held in their counties.

South Central Region
Beth Wells
Janice Compton
Sharon Cherry
Lisa Lack
Tammy Glass
<b>Kimberly Collins</b>

Regional Coordinator CHW (Monroe, Metcalfe) CHW (Edmonson, Hart) CHW (Logan, Butler) CHW (Barren, Warren) CHW (Allen, Simpson) This quarter our CHWs served 771 clients. A total of 20,570 services were provided to these clients, with service values of \$284,105, and \$1,360,416 of free medication provided in this service area.

An in-service training was provided by the Kentucky Senior Medicare Patrol during our April staff meeting. Tammy Glass worked with TJ Samson Hospital nursing staff to provide continuing education regarding access to affordable medications. Lisa Lack provided a presentation about Homeplace services at the Stevenson Elementary Family Resource Grandparents raising Grandchildren meeting. Our staff members continue to be involved in several community coalitions and initiatives to improve our communities such as local Vision and Networking Neighbors meetings while also continually providing outreach with local physicians and agencies.

Regional Coordinator
CHW (Fulton, Hickman and Carlisle)
CHW (Graves)
CHW (Marshall, Livingston)
CHW (Calloway)
CHW (Lyon, Caldwell)
•

This quarter the Western Region served 823 clients. A total of 20,905 services were provided to these clients, with service values of \$67,427 and \$1,618,003 of free medication provided in this service area.

The Western Region's CHW's represented Kentucky Homeplace at meetings with the following agencies: Family Achievement Child Excellence Center (FACE), inter-agency meetings, Family Resource Centers, Baptist Health, Angels on Assignment, Diabetic Support Groups, PrimeCare, Feed the Children meetings, food distributions, clothing giveaways, and Marshall County Agency for Substance Abuse Policy Board (ASAP).

During our April staff meeting, we received information provided by Debbie Phillips for the National Leukemia/Lymphoma Society. We are actively enrolling clients for the I-Do Phase II Program and looking forward to the start of the nurse education visits which are scheduled for July.

#### **Client Encounters** Actual situations encountered by Community Health Workers April 1, 2013 – June 30, 2013

A new client was referred to my office by the Social Security office for assistance with her medications. This client had been employed by a local health facility for 25 years. She had recently suffered two heart attacks, and had to stop working. Without her job, she had no income or health insurance. Fortunately, we discovered that most of her medications were available through the pharmaceutical companies Prescription Assistance Programs. She was very grateful for this assistance. Hopefully, her Social Security disability will be approved in the near future.

During our visit, she expressed how depressed she had been not being able to work any longer and needed something to help fill her empty days. I suggested that she visit the local senior citizen center and become involved in programs and activities.

I had a former client come to my office in need of assistance with their insulin. They have Medicare Part D coverage for their medications, but have now reached the coverage gap or 'donut hole.' They were not aware that they could get help with their insulin since they had insurance; nor had they gotten a letter from their Medicare D provider explaining they were in the gap.

Their insulin costs exceeded \$600 per month. They had reduced the amount of insulin they had been taking over half trying to make it last longer. We contacted their Medicare D provider and got an Explanation of Benefits letter faxed to me so we could show the Patient Assistance program they were in the gap and qualified for coverage. We worked with their doctor's office to supply samples to the client until they received help from the pharmaceutical company's Patient Assistance Program. The client will be able to receive medication free until the end of this year.

Today I received a call from a local physician. She was treating a young patient for a swollen area in her neck. The physician had collected numerous blood samples and had done an ultrasound of her thyroid. The young woman needed to see an endocrinologist. I scheduled an interview appointment and began the enrollment into our program. I was able to schedule her appointment with the specialty doctor and helped her complete the Patient Financial Assistance application. Her family is very appreciative of Homeplace and the services we provide.

I recently met a young woman from the neighboring county who was diabetic and had been laid off from her job for months. She is currently enrolled in college and hopes to be able to find work when she graduates. She had been out of her insulin for a couple of months when she found out about our program. We were able to get the insulin for her. She was so grateful for the assistance. It was an honor to be able to help someone who was trying to help themselves.

I am writing about a lady who had been diagnosed with Diabetes Type II while in the hospital. She was referred to my office for assistance getting her medications. She has no income and couldn't afford her medications, test strips or a meter. I was able to get some samples for her from the free clinic and was able to get her a monitor and her test strips paid for through a local medical facility. She has been able to keep her blood sugar under control with the assistance of getting her insulin and her medications. She is very thankful for the assistance through Homeplace.

I had a lady that came in needing help getting her medications. After going over her personal health information, I discovered that she had not had a pap smear or a mammogram in over 10 years. I scheduled her appointment with the local health department. She did have to pay a small fee for her exams. When she received her Pap test results back, everything was good. She is still waiting on her mammogram results. She was very glad that she was finally able to have these two important tests done.

I recently had a client who did not have dental insurance. He needed several teeth pulled and was unable to get medical assistance. After checking with several agencies, I was able to refer him to a faith agency in a nearby city. The client later informed me that they were able to help him with his dental needs; he was very happy and appreciated the help.

I have been taking care of a client, who has cancer, for several months. The client received his medical card with his disability pending. About a month ago, his wife called and told me that he had received his first disability check. However, his medical card had been stopped and he had just been dismissed from the hospital and was told he had no health coverage. I went to his home to get applications signed to get his medicine through the pharmaceutical programs, again. Shortly afterward, his wife stopped by my office and said that he had passed away the day before. This really moved me that she took the time to come to see me. She told me she was so glad that Kentucky Homeplace was here to assist her family. She said every time something would come up, her husband would say "you need to call Kentucky Homeplace."

A 50-year-old man was referred to me by our hospital. He is a truck driver, and had to be driven home from out-of-state and went to the hospital. He was in the hospital for five days; his HbAIc was very high and he was put on two types of insulin. He told me he could not go back to work until he got his diabetes under control. He had gotten samples from his doctor and I filled out applications for Patient Assistant Programs to get both of his medications.

After having worked with a client over a period of time, I began to see an evident decline in his health. The client's health issues are directly related to diabetes and not maintaining a regular regimen of medication due to lack of availability. The client has had two eye surgeries and was told another surgery would not make any difference. We completed an application to get a current eye screening and new glasses (which will give The Department for the Blind a baseline as well).

The client is now receiving his medications on a regular basis and is undergoing an evaluation to assess his needs and will be receiving help from the Department for the Blind to help maintain, if not better, his lifestyle. Some of the prospective services he will receive include a talking watch, talking alarm clock, and a lighted magnifier to help him read. His home appliances such as the stove, washer, dryer, etc., will have raised markings put on them so he can be more independent and not have to rely on family members as much. My client is so anxious about the new services and ready to be more independent! I love my job that allows me to make a difference in other's lives.

My client was referred to me through the Kentucky RX Assist Program. She has Medicare Part D, and due to her long list of conditions and medications, she is already in the doughnut hole. She has been approved for her asthma medications and still pending on the rest of her inhalers. She was very appreciated of the help she received.

I had a client come into my office who just started receiving his Social Security Disability. He has no insurance and Medicare will not be available to him for another year. He needed to see a doctor for hypertension, asthma, Chronic Obstructive Pulmonary Disease (COPD) and Type 2 Diabetes. I referred him to Community Health Center in our area and he was seen by a nurse practitioner who prescribed his medications for him. I helped him with his medication applications and he is now receiving regular medical care and his medications.

With unemployment on the rise in my community, I have seen clients that would have never imagined they would be asking for assistance. With the numbers of coal jobs lost, everyday life is becoming a struggle for the residents of the two counties I serve.

I have a young male client that lost everything after losing his job. Being young and healthy, he thought he would always be able to work. My client's world was turned upside down when the coal mine he worked for closed. He developed depression from losing both his home and car. From all this stress, he now has hypertension and stress-related anxiety.

A friend of a friend referred him to Kentucky Homeplace. During his initial interview, I found out that even when he had a job and insurance, he had never taken the time to have a complete physical with blood work, or even an eye exam. I worked with a local clinic to get him a much needed physical and lab work. I was able to access him an eye exam and new eyeglasses. My client also plans to attend the Remote Area Medical (RAM) Clinic in June for his dental work. My client's hypertension is now under control and his anxiety is being treated. He is actively searching for another job. He said that, without our program, he would have never been able to find the help he needed.

A couple called to set up an appointment to get help with their medications through Homeplace. They explained that they were buying only some of their medicines that they could afford. I discovered that all of their medicines were on the \$4 list, except one. I asked them to bring in their Social Security awards letter for income verification so we do a prescription assistance form.

When the couple arrived, they were getting very limited Social Security and Part B was being deducted from each of their checks. I let them know they were eligible for a Qualified Medicare Beneficiary (QMB), which will pay for Part B, and they each will receive a medical card through Medicaid.

They were very happy to learn they would have an extra \$210 per month, which is from Medicaid paying their Part B. They also qualified for some food stamp assistance. I called the local community action agency and got them listed for a program that will help with their heating cost this fall.

The more we talked, the more we discovered that I could help with additional needs. Their home needed a lot of repairs that they couldn't afford to fix. I explained the process of the housing program and about the new cottages being built for people over age 55. If they could sell their home, as is, and get their mortgage paid off, they would qualify for one of those homes. They are now working with US Department of Housing and Urban Development (HUD). This couple knew that if something happened to one of them, the other would become homeless. They are trying to get things in order to avoid this.

When they left, all they could say was they never knew what was available to help them. They were very appreciative. My coordinator came in as they were leaving and they told her what a good experience they had and they were glad they had come here.

I was calling my clients for participants for our Improving Diabetic Outcome Research Program. This is a study that Kentucky Homeplace is conducting through a gift from the Anthem Foundation. When I called this gentleman and explained the process of this study, he didn't hesitate to agree to be a part of the study. He stated that if it wasn't for Kentucky Homeplace he would have lost his home and everything in it. He had become disabled and it took over a year to get approved for disability. He couldn't afford to make both his house payments and purchase his insulin necessary for his diabetes. He stated he would be forever grateful for our program and would love to help us at any time.

I saw a client in my office that desperately needed assistance in getting dentures. She had saved up for months and was told by a friend that Kentucky Homeplace may be able to help her get her them. I told her that we had a dentist that would give a special rate for our clients if she was interested. I told her they would cost her \$280. She started crying and stated that she was told she would have to have \$500 to get her dentures from another place and there was no way she could do that. I scheduled an appointment for her with the denture clinic that works with Homeplace. She got her dentures within thirty days.

She came into my office the other day and was grinning ear-to-ear. She said she wanted me to see her dentures and that she thanked Kentucky Homeplace for helping her get them. There was no way she could have ever gotten them without our help. She said she feels so good about herself now and was not embarrassed to smile anymore.

I saw a lady in the office about getting some help with medication. After the interview she said, "So how much is this going to cost me?" I told her nothing; she was eligible to get the medication free of charge. She gave a shout and said she had no ideal this could be done. She had had to purchase her medication for over a year now and it had been so hard. She said she was going to tell everyone she knew about Kentucky Homeplace and what it done for her.

There are some people that are truly grateful for our assistance and my client is one of those that just touch your heart. He came to me needing assistance with getting his insulin. He had been seeing a doctor at a free clinic in a nearby county and I had been accessing his insulin for him. On his last visit, the free clinic told him that he couldn't come back anymore because he would be getting Medicare in June of this year.

He came and asked me what he was supposed to do now about his healthcare. I told him we had several clinics that had sliding scales and he could choose one of them to obtain his healthcare. He chose a local clinic and I did an application for the sliding scale for him. After seeing the doctor for the first time, he stopped by the office and said that the doctor had taken time when she saw him and had given him an extensive exam.

I told my client that he should call me once he started receiving his Medicare to see if he would be eligible for any additional help. He came in and I did the application for the Low Income Subsidy through Medicare, also known as Extra Help. He qualifies for the Low Income Subsidy (LIS) and he doesn't have to pay his Medicare premium (\$105/month). That amount will be given back to him. This man is truly one of the most grateful people I have ever worked with. He told me today that the doctor that he is now seeing has referred him to a specialist; he has Stage 3 kidney disease. He said, "They never would have found it, if it hadn't been for you." My client is waiting now to see to see the specialist about his kidney problems.

I had a client come in with a thyroid condition and was unable to afford her medications. With our help she has now got her thyroid almost under control. She also needed some work done on her house, especially a new door that she could not lock. I was able to get her in contact with a program and she is safe behind doors that lock.

My clients were an elderly couple who needed a wheelchair ramp for their home. I contacted a local church and their youth group donated money to pay for the ramp and have it installed. The installation was complete and the couple was very grateful and appreciative that Homeplace and the church were able to assist them. It really makes you feel good knowing that we are able to make such a positive difference in people's daily lives.

A client came in needing eyeglasses and could not afford them. She said she has Medicaid and Medicare and it paid for her exam but not eyeglasses. She stopped going for her eye exams because she could never afford the eyeglasses and she is diabetic. I told her she should always go for her eye exam even if she cannot afford her eyeglasses. A diabetic's eyes can change drastically within one year.

She said that she could no longer read with her glasses and her husband had to read the directions on all labels and give her shots. She was afraid she would give herself too much insulin.

I applied for eyeglasses and she was approved for a voucher. I called to come in and pick up her eye voucher. A couple days later she called crying and thanking me for her eyeglasses. She had went so long without eyeglasses that she did not realize how blue the sky really was and that she was almost blind and had not known it.

A man called and made an appointment needing assistance with getting his medicine. When he arrived for his appointment, his wife accompanied him. She, too, needed assistance in getting her prescriptions.

The husband has a heart condition, hypertension, high cholesterol, depression and anxiety. They were both out of a job, had no insurance, and were out of their medications. I enrolled both of them into the Patient Assistance Programs.

The husband had had a very good paying job but had lost his job due to the economy. His unemployment had run out and now they were broke and had no way to get health care. He had always had insurance and going to the pharmacy to get their medicine was never a problem. Now he didn't know what to do for his care. His doctor had referred him to Kentucky Homeplace. He said at first he thought it was a joke; that there was actually a place that could help them get their medications free.

We completed all the forms and sent them off to their doctor and were able to get almost all of their medications. The doctor is putting them on the generic \$4 medications so that they could afford what we couldn't access for them. Their families are trying to helping them until he gets his disability started; but that could be a long time and it isn't a certainty that he will get it.