



CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE OF THE UNDERSECRETARY FOR HEALTH  
DEPARTMENT FOR PUBLIC HEALTH  
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TO: All Local Health Departments

FROM: William Hacker, MD, FAAP, CPE  
Commissioner

DATE: September 2, 2005

SUBJECT: Hurricane Katrina: Clinical Services Processing, General Medical Information and the Kentucky Physicians Care Program

### **Clinical Services Processing**

Displaced persons as a result of Hurricane Katrina who receive Department for Public Health Clinical Services, other than the WIC Program, are to be registered as follows:

For "Household Income" use \$0 as is appropriate for temporarily homeless persons. See the Administrative Reference, Volume II, Patient and Community Services Reporting and Billing Procedures page 198.

For "Household Size" always use 1 as is also appropriate for temporarily homeless persons.

A field to report displaced persons has been added to the patient registration screen. The field is labeled "SPEC PROGRAM." Enter the first letter of the state from which the patient has been displaced: A – Alabama, L – Louisiana, or M – Mississippi.

If the displaced person has a Medicaid Card from one of the affected states, use the displaced person's Medicaid number as the Patient Identifier for registration. Also, enter the appropriate Medicaid status code (Y, A, or M) in the Medicaid field as usual.

At checkout, use your standard PSRS procedures except that you are authorized to "zero out" any nominal charges that may be assessed by the system.

If you have any questions regarding general clinical services, please contact Gary Grubbs at 502.564.6663 or [Gary.Grubbs@ky.gov](mailto:Gary.Grubbs@ky.gov)

## **General Medical Information for Displaced Persons Coming from the Gulf Coast**

Kentucky is expected to receive a number of persons who have been displaced by hurricane Katrina. **Physicians should be mindful that patients from hurricane ravaged areas could have been exposed to communicable diseases**, due to unsanitary conditions and overcrowding. There is the potential for epidemic spread of typhus, amebic, parasitic and bacterial dysentery, community acquired pneumonias, and tuberculosis. However, it is felt that cholera and typhoid are unlikely, since these diseases are not commonly found in the region.

Information for healthcare practitioners about the medical issues of hurricane victims can be found at <http://www.bt.cdc.gov/disasters/hurricanes/hcp.asp> Many with chronic diseases may present without medical histories or records. Patients with chronic disease who are without their regular medications risk deterioration of their conditions, and those with drug addictions may be in withdrawal, increasing the risk of violence and medical complications.

### **Displaced Persons who are HIV Positive**

For services for displaced persons who are HIV positive, contact Ms. Lisa Daniel at the Kentucky Department for Public Health's HIV/AIDS Branch at 1.800.420.7431.

### **Proof of Immunization**

For children who are displaced due to hurricane Katrina and who present for enrollment in Kentucky schools without proof of immunization, the health care provider may write "student covered under McKinney-Vento 2001" on the provisional immunization certificate, in order to signify that the student is living in emergency or transitional housing. Such a certificate will be acceptable for school entry in Kentucky.

The McKinney-Vento Act applies to all children and youth who do not have a fixed, regular and adequate residence, including children and youth who are: staying with friends or relatives because they lost their housing; awaiting foster placement; or living in emergency or transitional shelters, motels, domestic violence shelters, campgrounds, inadequate trailer parks, cars, public spaces, abandoned buildings and bus/train stations.

### **Kentucky Physicians Care Program**

As you evaluate the needs of displaced persons, please consider the resources of the Kentucky Physicians Care (KPC) Program. This program offers donated medical, dental, pharmacy and hospice services free of charge to those in need. Attached is an Attestation form to be completed by the person seeking services from the KPC Program that verifies that the person was displaced because of Hurricane Katrina.

For further information on the KPC Program, please call: 1.800.633.8100 or contact Letha Berry at 502.564.8966 Extension 3.

## Kentucky Physician's Care Program Hurricane Katrina Attestation

I, \_\_\_\_\_ attest that I am a  
displaced citizen of \_\_\_\_\_ (City) \_\_\_\_\_  
(State) and I am presently homeless due to Hurricane Katrina.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### To Be Completed By Agency/Practice Submitting the Application:

Practice Name: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

Please fax or mail completed forms to Letha Berry at the Department for Public Health.

Fax number: (502) 564 - 8389

or mail to:

KPC  
Primary Care Office HS2W-B  
275 East Main Street  
Frankfort, KY 40621  
ATTN: Letha Berry