

Senior and Disability Survival Sheets

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SENIOR AND DISABILITY SURVIVAL SCHOOL SURVIVAL SHEET #1 IN-HOME SUPPORTIVE SERVICES (IHSS)

What is In-Home Supportive Services (IHSS)?

In-Home Supportive Services (IHSS) is a State program administered by each county that pays homecare workers to provide personal care and/or household assistance to low-income seniors and people with disabilities who require assistance to remain safely in their homes. IHSS services may include domestic chores, personal care, and accompanying clients to medical appointments.

Who is eligible?

Recipients of Supplemental Security Income (SSI) automatically meet IHSS financial eligibility criteria.

Persons 65 or older, blind or with other disabilities, who meet the low resource requirements of SSI but whose income exceeds SSI limits may qualify for IHSS by paying a share of cost (see Survival Sheet # 10).

People with disabilities who work may also be eligible.

How do I apply?

Call the Department of Aging and Adult Services IHSS unit at (415) 557-5251 and make an appointment for a social worker to visit you at home to assess your needs.

How much help can I get?

State guidelines and formulas, as well as the individual client's statement of need, are used by an IHSS social worker to prepare a personal assessment that determines the kinds and level of IHSS services to be provided. Services may include personal care (bathing, feeding, transferring, bowel/bladder care, etc.); domestic tasks (cleaning, shopping, laundry, etc.); and certain paramedical services. A person that needs significant assistance may get a maximum of 283 hours per month, but most consumers are authorized an average of 20 hours per week.

Consumers who need assistance finding a homecare worker can contact the IHSS Public Authority's Central Registry to obtain a list of screened homecare workers. Services are provided in English, Spanish, Russian, Cantonese and Mandarin, and other languages upon request. The Central Registry provides on-call services to consumers in need of immediate assistance of personal care when they do not have a regular worker, their provider is sick, or when they are new to IHSS and/or being discharged from a hospital. On-call services can be provided during business

hours, and nights and weekends. The Registry also serves private pay consumers. The Public Authority provides free homecare, first aid and CPR classes to homecare workers. For assistance please call a Support Services Counselor at (415) 243-4477.

The following agencies also can help you find a private homecare worker:

Seniors at Home Program
Jewish Family and Children's Services
(415) 449-3777

Employment and Training Program
Self Help for the Elderly
(415) 982-9171

- **Contract Providers**

The S.F. Department of Aging and Adult Services (DAAS): refers clients to contract providers based on the availability of contract hours and if the client needs assistance in supervising their worker.

Homebridge (formerly IHSS Consortium): DAAS contracts with this agency which not only hires and assigns workers referred by DAAS but also provides worker training and intensive supervision for clients. For more information call the Homebridge intake line at (415) 255-2079. Language capacity: English, Spanish, Russian, Cantonese, Mandarin, and Tagalog.

How can I make the IHSS homecare system better?

Senior and Disability Action has an IHSS Health Task Force to improve home care services for elders and disabled adults. For information about their activities or the date of their next meeting call (415) 546-1333.

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SENIOR AND DISABILITY SURVIVAL SCHOOL

SURVIVAL SHEET #2

PARATRANSIT SERVICES

What is Paratransit?

The Paratransit service is a publicly funded program of the City and County of San Francisco to provide alternative transportation for qualified people with disabilities who are unable to use MUNI's fixed route transportation. This is a specialized service provided by MUNI for persons with disabilities who qualify under the Americans with Disabilities Act (ADA).

The Paratransit Broker's office is located at 68 12th St. San Francisco, CA 94103. The office is open from 9 am to 4:45pm, and the main phone number is (415) 351-7000. The website is: www.sfparatransit.com

How do I apply?

Applications are available from the Paratransit Broker. To request an application, call (415) 351-7050 or print a copy from the website. To qualify for Paratransit service you must have a disability which prevents you from using MUNI's fixed route public transportation some or all of the time, without the help of another person. Eligibility criteria are mandated by the ADA. You might be eligible if you are unable to board, ride, or disembark a MUNI vehicle, or travel to a bus stop or rail station. Your application should be processed within 21 days.

What kinds of transportation service are provided?

- **Taxi**

Paratransit taxi service is the general-public, curb-to-curb taxi service. Currently, taxi service is not available to most new customers. Some exceptions are made for wheelchair users, individuals needing dialysis, and riders 80 years of age or older.

The amount of taxi value you can buy monthly depends on your eligibility under the Americans with Disabilities Act (ADA) and transportation needs. Value is added to your SF Paratransit Debit Card.

To use a cab, call any participating taxi company and follow the same procedures you would if you were paying cash. If you use a wheelchair be sure to tell the taxi dispatcher that you need a ramp taxi. The SF Paratransit Debit Card can only be used for trips within San Francisco and to the northernmost part of Daly City in San Mateo County.

Participating taxi companies (as of 1/15) are:

In San Francisco:

American Cab*	(415) 614-2000
Arrow Checker*	(415) 285-3800
Alliance Cab*	
Comfort Cab*	
Eco-Taxi	
Gold Star Cab*	
San Francisco Taxi*	
Vina Cab	
Citywide Dispatch	(415) 920-0700
Big Dog City Cab	
Crown Cab	
Green Cab	
Metro Cab	
Royal Cab*	
USA Cab	
Flywheel*	(415) 970-1300
Fog City Cab*	(415) 682-9988
San Francisco	
Super Cab	
Luxor*	(415) 282-4141
National Cab*	(415) 648-4444
Veterans Cab	
Regents Cab*	(415) 487-1004
Best Cab*	
Lucky Cab	
Town Taxi*	(415) 401-8900
ABC Taxicab	
Max Cab	
Yellow Cab Co-op*	(415) 333-3333
In northern San Mateo County:	
Serra Cab*	(650) 991-3881

*operates ramp taxis

- **ADA ACCESS and LIFT VAN**

ADA Access provides door-to-door shared-ride van service for people with disabilities who are unable to use Muni's fixed route public transportation. To schedule a ride you must call at least one day in advance. Reservations are

accepted between 7am and 6pm at (415) 285-6945. The fare for ADA Access is \$2.25 per ride.

May I bring a friend with me?

For rides on ADA Access and Lift Van you can bring an attendant and/or one companion. Your personal care attendant can ride with you for free, and you can have one guest ride with you for a fare equal to what you pay, but you have to reserve a space for them when you schedule your ride. You may take as many friends in a taxi as will safely fit.

Where can I file a formal complaint or compliment?

You can file a formal complaint or compliment about any aspect of Paratransit service by writing to:

San Francisco Paratransit
Service Quality Department
68 12th St.
San Francisco, CA 94103

Complaint/compliment cards are available in the lobby of the Paratransit office as well. You can also file a complaint or compliment by calling 351-7052 or by emailing sfparatransit@veoliatransdev.com. You should include as much information about your trip as possible, including the date, time, cab or vehicle number, etc. Paratransit should respond to complaints within 14 days.

What if I need assistance paying for Paratransit service?

The Helping Wheels Fund provides limited assistance with the cost of ADA Access or taxi services to Paratransit riders faced with a sudden emergency situation. To qualify, you must have a low income and face an unexpected emergency situation, such as the need for cancer treatment or kidney dialysis, or other significant need. To get further information about the Helping Wheels Fund, call the San Francisco Paratransit Broker's Office at (415) 351-7070.

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SENIOR AND DISABILITY SURVIVAL SCHOOL SURVIVAL SHEET #3 QUALIFIED MEDICARE BENEFICIARY (QMB) AND SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) BENEFITS

What are the Qualified Medicare Beneficiary (QMB) and Specified Low-Income Medicare Beneficiary (SLMB) Programs?

The Qualified Medicare Beneficiary (QMB) and Specified Low-Income Medicare Beneficiary (SLMB) are Medicare Savings Programs. Medicare Savings Programs assist people with low incomes in paying for some Medicare costs and are part of the Medi-Cal program.

What costs can the QMB and SLMB programs help with?

The Qualified Medicare Beneficiary (QMB) program helps people pay for the following Medicare costs:

- **Medicare Part A premium**

People who have earned 40 Social Security quarters (equivalent to 10 years of full-time work) automatically receive Part A for free. However, people who haven't earned 40 Social Security quarters must pay a premium for Part A and the amount they pay is based on how many Social Security quarters they have earned. For example, people who have earned 30-39 Social Security quarters would pay a monthly premium of \$224 in 2015 for Part A.

- **Medicare Part B premium**

The Part B premium is \$104.90 per month in 2015

- **Deductibles for both Part A and Part B**

The Part A deductible in 2015 is \$1,260 per benefit period for a hospital stay of 1 to 60 days, and the Part B deductible is \$147 annually.

- **Co-insurance under both Part A and Part B**

For example, under Part A, QMB would pay the \$1,216 first day hospital deductible, the \$315 per day for hospital days 61-90, and the \$630 per day for the 60 hospital reserve days in 2015. Part B coverage pays 80% of the physician and outpatient expenses and QMB would pay the remaining 20% co-insurance, *as long as the person sees doctors and other providers who accept Medi-Cal.*

The Specified Low-Income Medicare Beneficiary (SLMB) program helps people pay their Part B premiums (\$104.90 per month in 2015). This premium would otherwise be deducted monthly from their Social Security checks.

Who is eligible?

For QMB, your monthly income cannot exceed \$1,001 if you are single. If married, a couple's monthly income cannot exceed \$1,348. For SLMB, your monthly income cannot exceed \$1,197 if you are single. If married, a couple's monthly income cannot exceed \$1,613.

For QMB and SLMB, your personal assets (cash, money in the bank, stocks, bonds, etc.) cannot exceed \$7,280 for an individual or \$10,930 for married couples. Exclusions include a home, household goods and personal belongings, one car, a life insurance policy with a face value of \$1,500 per person, a prepaid burial plan (unlimited if irrevocable; up to \$1,500 if revocable), and a burial plot. For six months after receipt, retroactive Social Security or SSI benefits are also excluded. The values of these items are not calculated into your personal asset limit.

How do I apply?

To enroll in QMB or SLMB you must also be eligible to get Medicare Part A and Part B. If you are already on Medicare, contact Medi-Cal Health Connections at (415) 558-1855 to apply for QMB or SLMB benefits.

If you are not presently on Medicare, apply first for Medicare Part A and/or Part B at a Social Security Office and state in writing that you are applying for conditional Medicare under one of the above programs. "Conditional Medicare" means that you only want Medicare on the condition that a Medicare Savings Programs will pay for your Medicare premiums. Once you become eligible for Medicare, you should follow up with the Medi-Cal office to apply for QMB or SLMB benefits, or to verify your application status.

If you have any questions or want to make a counseling appointment, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1(800) 434-0222.

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SENIOR AND DISABILITY SURVIVAL SCHOOL

SURVIVAL SHEET #4

BEAT THE BUREAUCRACY

Definition:

Bureaucracy (byoo rok' re se): administration characterized by a rigid hierarchy, petty regulations, excessive use of documents and routines.

Contrary to popular opinion, bureaucracy is not only found in government. Bureaucracy thrives in insurance companies, hospitals, utility companies, phone companies, and most large organizations.

Welcome to the game of bureaucracy. People who work in bureaucracies abide by many rules used to determine eligibility, need, and the amount of money to be granted or services to be provided. They are rarely familiar with all the rules and forms of their organization. It is your mission, if you choose to accept it, to find out who has what you need and how you can get it. It is very easy to be frustrated and give up, but then you don't get anything.

Here are some suggestions from Senior and Disability Survival School on how to beat the bureaucracy (especially on the telephone):

- Know what you want to ask, but don't think you have to know everything.
- Find out all you can about the issue before you call. Talk to your friends. Call advocacy groups to learn about your rights.
- Call early in the morning. You will have a better chance of reaching the person who can help you. They will have more time to research your questions and get back to you that day. Make sure to give your name and number so they can recognize you when you call back, and so they can return your calls.
- Always keep a written record of your calls. Keep the names of people you talk to and their phone numbers, as well as notes from your conversation. You may be transferred several times before you get to the person who can help you; if you get cut off you don't want to have to start from the first number you called. Also, you will have a list of the people who were most helpful to you, and you can call them first the next time you need help.
- If you get an answering machine leave a message.

- Be persistent! Call again and again, until you get the person who can answer your question
- Don't Give Up! Remember, bureaucracies are made up of people, many who want to be helpful. You need to find the person who has the knowledge and authority to deal with your problem.
- Find an organization that is working on your problem and join it, and if there is no group find other people who share your problem and organize a group. Bureaucracies are more likely to listen and respond to the concerns of an organization rather than a lone voice. In unity, your power increases and you are better able to make your problem their problem.

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SENIOR AND DISABILITY SURVIVAL SCHOOL

SURVIVAL SHEET # 5

PEDESTRIAN SAFETY

Walking is a great way to get around the neighborhood, but it can be dangerous. Though cars, trucks and buses are found in greatest numbers in the streets, they are not confined there. Cars drive over sidewalks to exit parking garages and parking lots. Often you can even find a car parked on the sidewalk. This means that you don't need to venture into the street to be an endangered pedestrian.

Be alert when crossing at intersections! Most pedestrian accidents involving seniors happen at an intersection where the motorist is making a turn. Be sure to look for turning vehicles before stepping out into the street, especially on one-way streets in the central city.

Here are some ways to increase your safety as a pedestrian:

- Be a defensive pedestrian. Don't assume motorists see you and are taking precautions for you.
- Dress in bright colors during the day. At night wear white and carry a flashlight or wear reflective clothing.
- Cross only at crosswalks.
- Remember there is safety in numbers. Cross with a group of people if possible. A group is more easily seen than a lone person.
- Be alert for turning cars. Look at the driver's eyes and be certain he sees you before you step in front of the car.
- It is always dangerous to step into the street from between cars or from behind a car.
- When waiting to cross at a traffic light, wait on the curb. Start to cross when the *walk* signal comes on.
- Don't assume all cars will stop at the red traffic light or stop sign. Always look before and while you are crossing.

It is important to be a careful and vigilant pedestrian, but you can also do things to make your neighborhood more pedestrian friendly. No matter how careful you are, if the signal lights change too fast for you to get across the street, your safety may

be compromised. If you have any suggestions or concerns about traffic, including pedestrian and bicycle safety, street parking, school safety, or circulation in San Francisco, please call (415) 701-4500, or write to:

City Traffic Engineer
Municipal Transportation Agency
Department of Parking and Traffic
1 South Van Ness Avenue, 7th Floor
San Francisco, California 94103

Organizations Working For Pedestrian Safety:

Walk San Francisco
995 Market Street #1450
San Francisco, CA 94103
(415) 431-WALK (phone)
Email: peds@walksf.org
www.walksf.org

Senior and Disability Action
Transit Justice Group
1360 Mission Street, #400
(415) 546-1333 x303
San Francisco, CA 94103
Email: srira@sdaction.org

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SENIOR AND DISABILITY SURVIVAL SCHOOL SURVIVAL SHEET #7 FOOD STAMPS (CalFresh)

What are Food Stamps/CalFresh?

The Food Stamp (Called CalFresh in California) program is a federal program funded by the US Department of Agriculture's Food and Nutrition Service, and administered in San Francisco by the San Francisco Human Services Agency. It is a food assistance program designed to supplement the recipient's monthly food allowance.

Who is eligible to receive CalFresh?

The following is CalFresh eligibility information for people 60 years of age or older and for people with disabilities:

- High rent, high utilities or medical expenses over \$35 per month can help to qualify a person with income up to \$931 per month (net).
- Individuals receiving Social Security Disability (SSDI), Medi-Cal due to a disability, or a Veteran's Administration pension may be eligible with income over the regular limit of \$931(net) per month.
- California recipients of SSI are not eligible for CalFresh.
- The resource limit for persons over 60 years of age is \$3,250.
- You must be a U.S. citizen or a legal permanent resident.
- As of April 1, 2015 those with a felony drug conviction are eligible.

How do I apply?

Applicants should call the CalFresh Outreach Hotline at (415) 558-1001 and request an application or apply in person at 1235 Mission Street, Monday - Friday, 8 a.m. - 5 p.m. Seniors and adults with disabilities are also able to apply at the office at 1440 Harrison Street. After receiving your completed application, a CalFresh worker will schedule a personal interview with you. Housebound persons unable to get to the office may appoint a representative to attend for them, or they

may apply by mail and a worker will arrange to interview them at home or by phone. CalFresh can be mailed to your home.

When applying for CalFresh you will need to verify the following:

- Identity
- Citizenship or legal permanent resident status
- Income (earnings, social security, pension)
- Bank accounts
- Out of pocket medical and home care expenses
- Utility and rent bills (homeowners should bring mortgage and property bills)

What are my rights?

When applying for CalFresh keep in mind that you have the following rights:

- To receive an application the same day you ask for it.
- To have an application accepted immediately.
- To have an adult apply for you if you cannot get to the CalFresh office.
- To have a home visit or telephone interview if you are over 60 or a person with a disability.
- To get your CalFresh within 30 days after you apply, if you are eligible.
- To get CalFresh within 3 days if you are in immediate need.
- To receive fair and equal treatment.
- To receive advance notice if your benefits are to be reduced because of a change in your circumstances.
- To examine your case file and to obtain a copy of the CalFresh rules.
- To have a fair hearing if you disagree with any action taken on your case.

The following organizations can help with CalFresh applications and further assistance and information:

General Assistance Advocacy Project (GAAP)
276 Golden Gate Avenue
San Francisco, CA 94102
(415) 928-8191

Bay Area Legal Aid
1035 Market, 6th Floor
San Francisco, CA 94103
(415) 982-1300

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SENIOR AND DISABILITY SURVIVAL SCHOOL SURVIVAL SHEET # 8 IHSS PUBLIC AUTHORITY AND CENTRAL REGISTRY

What is the IHSS Public Authority?

The IHSS Public Authority was created by the San Francisco Board of Supervisors in 1995, Ordinance No. 185-95. At that time, it was only the third public authority in California, and the first to be governed by an independent governing body or board.

The Public Authority Governing Body is composed of thirteen members. Seven members must be current or past consumers of personal assistance services. One member must be a home healthcare worker/independent provider, and one member must be a Service Employees International Union-United Healthcare Workers-West union representative. The Commission on Aging, the Public Health Commission, the Human Services Commission, and the Mayor's Disability Council each recommend one member. The Public Authority Governing Body determines policy and makes legally binding decisions on its behalf.

The Public Authority's executive, administrative, operations and program staff operate the Central Registry, manage fiscal affairs, monitor state and local policy affecting IHSS, and collaborate with other organizations to improve In-Home Supportive Services (IHSS) for San Francisco consumers and providers. The state pays workers directly after deducting Worker's Compensation and mandatory taxes. The consumers have the right to hire, fire and supervise the day-to-day activities of their provider. The Public Authority is the formally appointed employer-of-record for the purpose of negotiating wages and benefits with SEIU-UHW-West, which represents the homecare providers.

The San Francisco IHSS Public Authority's stated mission is to provide and promote a service delivery model of consumer-directed in-home support that maximizes the potential of older adults and people with disabilities to live independently and participate in their communities.

What is the Central Registry?

The Central Registry provides support services to IHSS and private pay consumers to find screened homecare workers to maintain their independence in the community. The Registry can accommodate consumers who speak English, Cantonese, Mandarin, Spanish, Russian, and Vietnamese. Services can be arranged in other languages. When a consumer calls the Registry, one of our bilingual support services counselors will conduct a short interview to assess the

consumer's needs and preferences. Using a computer database, the counselor matches consumers with workers according to location, language, domestic or personal care needed, work schedule, and other job-related preferences. Each consumer is sent a list of 6-9 workers that best meet their needs. The consumer, not the Registry, will be the employer who will interview, hire, and supervise the worker who is chosen from the referral list. Counselors advise consumers on hiring and setting up interviews with available workers, provide consumers and workers with resource information on community based services, and if needed, help resolve differences amongst consumers, workers, and/or IHSS.

On-Call Services

The on-call program is designed to assist consumers with an urgent need for personal care when their regular providers are not available, when they are first time applicants to IHSS, or when being discharge from the hospital. After a request for immediate assistance is made, a support services counselor will dispatch one of our on-call workers to assist the consumer.

Request for on-call services can be made during regular business hours and evenings, weekends and holidays. A Public Authority staff member will call the IHSS Public Authority emergency message line on the following schedule to retrieve any requests:

Each evening - 7 days a week at 8:00 PM

Each weekend and holiday morning at 9:00 AM

What else does the Public Authority do?

In addition to recruiting and supporting a workforce of homecare workers, the Public Authority seeks to provide training opportunities for workers. The Public Authority collaborates with consumers to develop materials for educational programs on procedures for hiring, supervising, resolving conflicts, and petitioning for additional services. The Public Authority advocates on the state and local levels for IHSS workers and consumers. It monitors proposed legislation that could affect those who receive In-Home Supportive Services.

The Public Authority offers training opportunities to Registry home care providers through a partnership with the Training Academy for Personal Caregivers and Assistants (TAPCA). The Personal Care Assistant Basic Training consists of 48 hours of training that includes CPR/First Aid certification.

Providers completing the training receive a stipend for participating. www.tapca.org or 888-42-TAPCA (82722)

How do I get involved?

The Public Authority Governing Body meets on the second Tuesday of every odd-numbered month from 1 to 3 p.m. The meeting is open to the public; all interested persons are encouraged to attend and participate. The offices of the Public Authority are located at 832 Folsom Street (Salvation Army Building), 9th Floor, San Francisco, CA 94107 (between 4th and 5th). Board meetings are usually held in the 5th Floor Conference Area. Call the staff board liaison Patrick Hoctel at (415) 593-8117 for further information or to check on meeting dates and times.

The IHSS Health Task Force of Senior and Disability Action is a coalition of agency representatives, in-home healthcare workers, union representatives, and consumers of in-home healthcare. They advocate for the IHSS program and help inform and mobilize the public on the latest legislative issues at local and state levels. For more information please call Senior and Disability Action at (415) 546-1333.

SEIU-Local 2015 represents IHSS homecare workers. Workers can participate in a Homecare Workers Center, which provides access to training and support and also operates a job board for private pay jobs. For more information, please call (415) 441-2500.

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SENIOR AND DISABILITY SURVIVAL SCHOOL

SURVIVAL SHEET # 9

Adult Day Services

What are adult day services?

Adult Day Services (ADS) Centers offer a safe, positive, caring alternative to nursing home care for those who do not need 24-hour skilled nursing. By focusing on prevention, nutrition, safety awareness and health monitoring, ADS helps to prevent decline in cognitive and physical abilities, reduces isolation and reduces the risk of falls and emergency room visits.

Services at ADS Centers are comprised of three community-oriented program model approaches to short-term rehabilitative and long-term care. All three models begin with an evaluation of needs to ensure an individualized plan of care is carefully developed.

Adult Day Program (ADP) Centers are based on a social model and provides social activities (interaction with other participants in planned activities appropriate for their conditions); door-to-door transportation; meals and snacks (those with special dietary needs are offered special meals); personal care (help with toileting, grooming, eating and other personal activities of daily living) and therapeutic activities (exercise and mental interaction for all participants).

Adult Day Health Care Centers (ADHC) use a medical model to provide the same services as ADPs with the addition of on-site, daily individualized care from a multi-disciplinary team of clinicians including registered nurses, social workers, physical therapist, occupational therapist, recreational therapist and dietician, among others.

Some ADP and ADHC Centers have an **Alzheimer's Day Care Resource Center (ADCRC) component**, which means they include specialized services for those diagnosed with Alzheimer's, and related dementias.

Who is eligible?

Any physically or mentally disabled adult over 18 years of age with Alzheimer's disease and related dementia, chronic illnesses, traumatic brain injuries, developmental disabilities, and other problems that increase their daily care needs as diagnosed by a medical professional.

What services are provided?

Participants attend two to five days per week on a regular basis. A typical program day is a minimum of four hours with the opportunity for extended hours to accommodate working caregivers. ADS Centers also have the capacity to serve minority, immigrant and limited- to non-English speaking participants. In addition to social, medical and therapeutic services; nutrition services include hot meals, snacks, beverages, and special diets when they are medically indicated. Transportation is provided for clients from home to the center and back home again following their day of care. Home-safety assessments can be conducted to decrease the risk of falls, which is the number one risk factor in the home.

Support and educational services are provided to caregivers as caregivers often find themselves facing financial, physical and emotional sacrifice to take care of a loved one.

How do I apply?

Individuals are referred from many sources: doctors, social workers, hospital discharge planners, family or friends and you can self-refer. You can call the nearest ADS center and ask about the process. Medi-Cal eligible individuals need to be referred through local managed care plans or VA managed care plans to ADHC/CBAS centers. The Intake Coordinator at an ADHC/CBAS center can assist with this process.

How much does it cost?

All ADS models can be paid for by the individual privately, or via Veteran's Administration benefits and some long-term care insurances. A few centers offer services on a sliding scale fee. Daily costs will be different per center.

If you are Medi-Cal eligible, you must be enrolled in a Medi-Cal managed care plan* for referral to apply this benefit toward an ADHC that has been approved as a Community Based Adult Service provider (CBAS).

Once I'm accepted, how do I get to a center?

Each center can provide wheelchair accessible vans and door-to-door transportation at no additional charge to the enrolled participant.

Where are these centers?

To find the center that serves your neighborhood, please call the United Way HELPLINK number **211**

Adult (Social) Day Program Centers

Catholic Charities CYO
San Francisco Adult Day Services/ADCRC
50 Broad Street
San Francisco, CA 94112

(415) 452-3500
www.cccyo.org

Institute on Aging Ruth Ann Rosenberg ADP/ADCRC
3575 Geary Blvd.
San Francisco, CA 94118
(415) 750-4111
www.ioaging.org

Institute on Aging Irene Swindells ADP
3698 California St., 2nd Floor
San Francisco, CA 94118
(415) 600-2693
www.ioaging.org

Kimochi, Inc. ADP
1531 Sutter Street
San Francisco, CA 94109
(415) 922-9972
www.kimochi-inc.org/programs/daycare.html

Adult Day Health Care Centers/Approved CBAS Providers

Bayview Hunter's Point Adult Day Health Care
1250 La Salle Avenue
San Francisco, CA 94124
(415) 826-4774
www.bhpadhc.org

Jewish Family & Children's Services
L'Chaim Adult Day Health Care
2534 Judah Street
San Francisco, CA 94122
(415) 449-2900
www.jfcs.org

Self-Help for the Elderly Adult Day Services/ADCRC
408 – 22nd Avenue
San Francisco, CA 94121
(415) 677-7556
www.selfhelpelderly.org

Stepping Stone Golden Gate Adult Day Health Care
350 Golden Gate Street
San Francisco, CA 94102
(415) 359-9210
www.steppingstonehealth.org

Stepping Stone Mabini Adult Day Health Care
55 Mabini Street
San Francisco, CA 94107
(415) 882-7301
www.steppingstonehealth.org

Stepping Stone Mission Creek Adult Day Health Care
930 Fourth St, 2nd Floor
San Francisco, CA 94158
(415) 974-6784
www.steppingstonehealth.org

Stepping Stone Presentation Adult Day Health Care
301 Ellis Street
San Francisco, CA 94102
(415) 923-0245
www.steppingstonehealth.org

***San Francisco has two managed care plans (if no VA benefit)**

Anthem Blue Cross
Call 1-800-227-3238
anthem.com/ca

San Francisco Health Plan
(415) 777-9992 or 1 (888) 558-5858
www.sfhp.org/about_us/

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SENIOR AND DISABILITY SURVIVAL SCHOOL®

SURVIVAL SHEET # 10

IHSS SHARE OF COST

What is a Share of Cost for In-Home Supportive Services (IHSS)?

In-Home Supportive Services (IHSS) provides assistance with personal care and/or housekeeping tasks so that seniors and people with disabilities can remain living safely in their homes. Recipients of Supplemental Security Income (SSI) automatically meet IHSS financial eligibility criteria. Individuals or married couples whose incomes are more than SSI levels, but are still considered to have low incomes, may also be eligible to receive IHSS, often by paying a Share of Cost for the services. In this situation the IHSS recipient pays a portion of the cost and the government pays for the difference up to an authorized amount.

Who is eligible?

- **General eligibility**

Any person aged 65 or older, or any person aged under 65 who is blind or disabled, who has been determined by the Department of Aging and Adult Services (DAAS) to be in need of personal care and/or housekeeping tasks to remain in their home, meets general eligibility requirements.

- **Financial eligibility**

You qualify for this program if you meet the following resource and income levels:

Maximum Allowable Resources/Assets:

Individual:	\$2000
Couple:	\$3000

Resource/Asset Exemptions:

Home and car

Life insurance face value less than \$1500

Total non-exempted resources/assets include any money you have in savings or checking bank accounts or cash, stocks or bonds, personal items such as jewelry or furniture, etc. up to a value of \$2000.

Maximum allowable income: Maximum countable income using Medi-Cal rules cannot be more than \$1211 for one person or \$1638 for a married couple (for 2015). If your income is under these amounts, you may be eligible for free IHSS including personal care, domestic, and/or related services. Even if your income

exceeds this limit, you may qualify if you have other medically needed monthly medical expenses. You must provide receipts of your monthly out-of-pocket expenses to your Medi-Cal Eligibility Worker who will deduct them when determining your net countable income.

Once Share of Cost has been determined, you will be required to pay your full Share of Cost each month towards either your IHSS Provider and/or Medi-Cal expenses. When your provider has submitted a timesheet and all or a portion of your share of cost is deducted from your provider's paycheck, both of you will receive a letter notifying you how much you will need to pay your provider for that month.

If you meet your monthly share of cost with a Medi-Cal provider(s) before your IHSS provider submits a timesheet, then you will not be required to pay your provider. The IHSS Program will pay your provider directly.

How does it work?

In order to apply and become eligible for IHSS, you must also apply and become eligible for Medi-Cal.

Apply for IHSS by telephone at the San Francisco Department of Aging and Adult Services (DAAS) /IHSS at (415) 355-6700. Office hours are 8:00 AM to 5:00 PM, Monday through Friday. If the IHSS worker determines that you are eligible, you will be assigned a set number of hours based on the IHSS rules and on your need for services.

The following table illustrates how Share of Cost works in the IHSS program under the Medi-Cal A&D FPL rules using the case of Ms. Wong. In the two different scenarios her income differs only by one dollar.

	Scenario 1: Income \$1371 or UNDER	Scenario 2: Income OVER \$1371
<i>Ms. Wong's total countable monthly income</i>	\$1371 -\$20 (standard deduction) -230 (income disregard) = \$1211	\$1372 -\$20 (standard deduction) -230 (income disregard) = \$1212
<i>Is Ms. Wong within the allowable income?</i>	Yes	No
<i>Share of Cost?</i>	No Share of Cost. In this case, Ms. Wong does not have to pay a Share of Cost as she is within the allowable income limits.	Share of Cost. Ms. Wong is \$1 over the allowable income limit, and therefore must pay a share of cost.
<i>To determine the Share of Cost: Subtract the Medi-Cal payment level from Ms. Wong's monthly income</i>	\$ 0 She pays nothing to get Medi-Cal and IHSS because her income is within the allowable limit.	\$1372 (countable income) - \$600 Medi-Cal (payment level for a single adult) -20 (income disregard) = \$792 (the amount Ms. Wong will have to pay each month for IHSS and/or Medi-Cal)

Ms. Wong is responsible to pay her entire share of cost in Scenario 2 either via IHSS payment to her provider or for other medically necessary expenses each month (Medi-Cal). (If you are not eligible for the A&D program, you may be eligible for another Medi-Cal program with a Share of Cost).

What if I cannot pay my Share of Cost?

If you cannot pay your Share of Cost, call your IHSS social worker to discuss your situation. You can also call one of the agencies listed below. These agencies cannot help you pay your Share of Cost, but staff may be able to talk with you about strategies that other people have used in similar situations.

The following organizations can provide information and help with IHSS:

Department of Aging and Adult Services	(415) 355-6700
Senior and Disability Action (SDA)	(415) 546-1333
Bay Area Legal Aid	(415) 982-1300
Independent Living Resource Center (ILRC)	(415) 543-6222
IHSS Public Authority & Central Registry	(415) 243-4477

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SENIOR AND DISABILITY SURVIVAL SCHOOL®

SURVIVAL SHEET #11

HOW TO COMPLAIN ABOUT HEALTH CARE

This fact sheet is meant to help consumers of medical services effectively complain to the people and organizations who can address their problems. Be a proud complainer. Your complaints can help make things better for others.

The procedure for filing complaints depends partly on who is providing your health care coverage.

How do I complain about Medicare and Health Maintenance Organizations (HMOs)?

All Medicare beneficiaries have the following rights:

- To all the services you are entitled to through Medicare.
- To receive appropriate health care for your condition.
- To have access to health care when needed.
- To receive quality care.
- To be discharged only when you are medically ready to leave the hospital.

If your rights are denied, ask your Doctor and the HMO to resolve the problem. If the HMO does not solve your problem, report your complaint to Livanta. Livanta is responsible for advocating for Medicare beneficiaries at no cost to you. Call them at the Livanta Health Information and Assistance Helpline 877-588-1123. You can also file a complaint with the California Department of Managed Health Care at (888) HMO-2219 or TDD (877) 688-9891. You can also contact the California Office of the Patient Advocate at (866) HMO-8900.

The Health Insurance Counseling and Advocacy Program (HICAP) counselors can help with complaints. HICAP provides free services designed to help seniors with problems related to Medicare, selection of appropriate supplemental health insurance policies, health insurance claims, billings, and provisions for long-term care. HICAP can also help if you think you have been unfairly denied, or otherwise have a complaint about a provider's services or durable medical goods such as a wheelchair. HICAP's number is (800) 434-0222.

Seniors can obtain legal assistance or referrals from the Legal Assistance to the Elderly at (415) 538-3333, or Bay Area Legal Aid at (415) 354-6360. Consumers who complain in good faith about improper quality of care by a provider or facility are protected from retaliatory legal action.

How do I complain about health insurance companies?

The California Department of Insurance reviews and approves the corporate structure, scope of benefits, health delivery systems, financial viability, and consumer documents for indemnity or fee-for-service health plans. The Department of Managed Health Care regulates pre-paid plans, mostly HMOs and Blue Cross/Blue Shield organizations. This includes 94% of California health plans.

Consumer complaints concerning a Health Maintenance Organization (HMO as discussed above), or some Preferred Provider Organizations (PPO) can go directly to the Department of Corporations HMO Consumer Services Hotline at **1-888-466-2219** or to the Centers for Medicare and Medicaid Services (CMS) at (800) MEDICARE.

The Department of Insurance regulates California insurers who issue Medicare Supplemental Insurance. For assistance with violations of the insurance code call the Department of Insurance Information and Assistance Hotline at (800) 927-4357.

How do I appeal denials from Medi-Cal?

Medi-Cal is a state and federal program that covers health care costs for low-income people. You may be eligible if you fall into one of the categories of persons covered by Medi-Cal. These include people age 65 or older, age 21 or younger, blind, disabled, pregnant, or parents in a family that is, or could be, eligible for Temporary Assistance for Needy Families (TANF).

The California Department of Health Services administers Medi-Cal. You apply by filing an application at your county social services department. In San Francisco you apply at the Department of Human Services, 1440 Harrison Street. Eligibility must be decided within 45 days (or up to 90 days except in very limited circumstances if disability is at issue). If you are approved, benefits are retroactive to the date of your application or if you have medical bills from before your application was filed to 90 days before the date of application. If you think you might want coverage before the application date, be sure to note so on the application where it asks if you have unpaid medical bills.

If you are denied Medi-Cal, you have 90 days to appeal. To help you with your appeal you can seek legal assistance. For information on legal assistance with Medi-Cal claims, call Bay Area Legal Aid at (415) 354-6360 or Legal Assistance for the Elderly at (415) 538-3333.

How do I report suspicions of Medicare fraud? Make sure to carefully examine your bill to make sure the services that were listed were services you received. Be careful with your Medicare number and don't give out your number to just anyone. If you think Medicare shouldn't have paid for something, call the 800 number at the

bottom of your Medicare Summary Notice. You can also call the Bureau of Medical Fraud and Elder Abuse hotline at (800) 722-0432, or call HICAP at (800) 434-0222.

How do I complain about a particular doctor?

Your first step should be to discuss your complaint with the doctor in question. If you can't come to a resolution, contact the Central Complaint Unit of the Medical Board of California at (800) 633-3222. To learn whether anyone else has made a complaint about a specific physician, call the state Medical Board at (916) 263-2382.

If you're unsure about the quality of your medical care, Livanta will assess your concerns and review the care provided to you.

For information on Medicare providers, you can call Livanta, at 877-588-1123.

How do I complain about care in a specific hospital?

If you feel you've received poor care or unfair treatment in a hospital, and your doctor or nurse cannot resolve the problem, bring it to the attention of hospital authorities. Some hospitals have patient representatives or an ombudsperson that might be of help. If you are not satisfied with the hospital's response register a complaint. State your case in writing as clearly as possible. Document it with information from your own record and the hospital's official record.

To lodge a complaint about hospital care, you can contact:

The California Department of Health Services, Licensing and Certification Division at (916) 445-2070 or the Joint Commission on Accreditation of Healthcare Organizations at (630) 916-5800, and 1 Renaissance Blvd., Oakbrook, IL 60181.

If you receive hospital care through the Medicare program, you can register complaints about quality by contacting Livanta at 877-588-1123.

If a facility informs you that Medicare will no longer cover your care and that you are ready for discharge, but you believe you still need care first speak with your doctor about your condition and medical care needs. If that does not resolve your concern, ask the facility to issue a written notice of non-coverage. You can also call Livanta at 877-588-1123 and ask them to review your case. If you choose to appeal a discharge, do so by noon of the day after you receive your notice of non-coverage.

How do I complain about long-term care?

If you live in a nursing home or long-term care facility, you can contact the San Francisco Long-Term Care Ombudsman Services Program to report complaints such as dietary issues, visitation problems, being discharged before you are ready and lost or stolen personal items. In this program, trained volunteers investigate and resolve complaints regarding the care of residents of long-term care facilities. You can call the Ombudsman Program at (415) 751-9788. Their offices are located at 6221 Geary Blvd. 3rd floor, San Francisco, CA 94121.

How do I complain about mental health care?

To make complaints and resolve problems regarding local mental health services, contact the Director of your local clinic first. If the issue is not resolved after you have contacted your local clinic, call the San Francisco Mental Health Plan's Consumer Relations office at (415) 255-3433. If you file a grievance, either with the clinic or with the Plan, you must receive a written response within 30 days.

The federal government funds Disability Rights programs in every state. These programs offer referrals and information on the rights of people with mental and developmental disabilities, answer questions about discrimination in housing or employment, and handle complaints of abuse or neglect in mental health facilities.

You can reach Disability Rights California at (800)776-5746. To obtain services in San Francisco County, you can also call Mental Health Clients Rights Advocates at (415) 552-8100 or (800) 729-7727.

How do I access my medical record?

The information in your medical record is your information. Most patients in California are entitled to unrestricted access to their medical records held by their doctor or hospital.

For more information on obtaining your medical record see *Medical Records: Getting Yours*, published by Public Citizen. This book tells you why you should have a copy of your medical record, how to get it, and how to understand what is in it. To order send a check for \$12.50 (\$10.00 plus \$2.50 for shipping and handling) to Public Citizen, Publications Department, 1600 20th Street, NW, Washington, DC 20009. You can also order by calling Public Citizen at (202) 588-1000.

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SENIOR AND DISABILITY SURVIVAL SCHOOL®

SURVIVAL SHEET # 13

MEDICARE BASICS

What is Medicare?

Medicare is the publicly funded and administered health insurance program for people who are over 65 years of age and have 40 quarters of coverage based on deductions from a paycheck. People younger than 65 can qualify for Medicare if they have certain disabilities.

Medicare is not a free program. Whichever version of Medicare you choose; there will always be charges for co-payments, deductibles, and co-insurance. The more services you use, the more costs will come out of your pocket. As a result, many low-income people with Medicare also have Medi-Cal, which can pay these charges. There are also private insurance plans called “Medi-Gap” plans that cover some of these costs.

You can choose to have just Medicare Part A, or pay an additional fee and have Parts A and B. This is known as the “Original Medicare Plan”. Under this program, Medicare pays when you use a service, see a doctor, or go to the hospital. It is often called “fee for service” because that is how it works.

What is covered under the Original Medicare Plan (Part A and Part B)?

There are two parts to Medicare, Part A and Part B. You are eligible for Part A when you enroll in Medicare, and there is no premium. You must apply for Part B, and pay an additional premium (\$104.90 per month in 2015). Part A covers charges for hospital care, hospice care, and home health. Part B covers doctor visits, tests, and out patient treatments. Part A and Part B of Medicare do not pay for chronic care services in a nursing home or prescription drugs, or for an adult day health care program.

What is the Medicare Advantage Plan (Part C)?

For an additional premium, you can also choose to have Part A, and Part B, and enroll in the Medicare Advantage program (Part C). Part C is a managed care (HMO or PPO) program that may provide a number of additional services such as preventive care, hearing, eye exams, prescription drugs and even dental care. Most Part C plans cover prescription drugs. If they do not, you may be able to choose this coverage under the Prescription Drug coverage (Part D). Each county in California can have different HMO companies, and premiums can vary. If you like your doctor and prefer one hospital, be sure they are part of the health plan you are considering joining.

What is the Medicare Prescription Drug Plan (Part D)?

Medicare offers optional prescription drug coverage for everyone with Medicare, called Part D. Private companies approved by Medicare run these plans. After you have joined the Medicare drug plan you want, the plan will mail you membership materials including a plan member card you use when you get your prescriptions filled. When you use the card, you will pay the co-payment, coinsurance, and /or deductible, if any. Plans may not cover certain drugs. However, any medically necessary drugs must be covered.

You can join a Medicare drug plan from three months before you turn 65 to three months after you turn 65 (called your Initial Enrollment Period). Generally, if you are a person with a disability, you can join three months before and three months after your 25th month of disability. The plan will notify you when your coverage begins.

If you do not join a Medicare drug plan when you are first eligible to join, and there is a period of 63 continuous days or more during which you do not have creditable prescription drug coverage, you may have to pay a late enrollment penalty when you do join. This amount changes every year.

What if I have prescription drug coverage from a former employer or union?

Medicare offers employers and unions help paying for retiree drug coverage. Your or your spouse's former employer or union must notify you about how your current coverage compares to Medicare's minimum standard prescription drug coverage. Employers or unions may provide this information within a notice or in your benefits handbook.

If you drop your employer or union coverage, you may not be able to get it back. You also may not be able to drop your employer or union drug coverage without also dropping your employer or union health coverage. You should contact your benefits administrator before you make any change to your drug coverage.

How do I make decisions and learn more about Medicare coverage?

For information, assistance and objective information about available plans and services call the Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222 or (415) 677-7520.

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SENIOR AND DISABILITY SURVIVAL SCHOOL®

SURVIVAL SHEET #14

HEARING LOSS

What are some possible signs that I may be experiencing hearing loss?

The following may indicate hearing loss:

You have difficulty understanding speech in noisy environments.

You find yourself needing to see people's faces to help understand speech.

You need to ask people to repeat what they've said.

You often misunderstand what people are saying.

You turn the volume of the TV or radio up so high that others complain.

You feel that people are mumbling when they're talking to you.

You are having ear infections, dizziness, or a ringing in your ears.

You notice when you are using the phone, that you hear better with one ear than the other.

How can I find out if I have hearing loss?

You should see a licensed audiologist near you and get a full hearing assessment. They will likely refer you to a medical ear specialist (otologist) if they feel there is a medical need or if amplification is recommended. It is good to ask for a copy of your audiogram, which is the result of the hearing test. For a full list of audiologists in your area you can contact Hearing and Speech Center of Northern California at (800) 806-1191. After the age of 50, you should have your hearing tested every year.

What are the different types of hearing loss and what causes them?

Presbycusis or age-related hearing loss is the most common hearing problem in adults. It is an ongoing loss of hearing linked to changes in the inner ear. The decline is slow and people may have a hard time hearing or understanding what others are saying or may be unable to stand loud sounds.

Tinnitus is also common in older people. People may experience a ringing, roaring, or hear other sounds inside their ears. It may be caused by an ear infection, noise exposure, certain medications, or a nerve disorder. It may come and go; or it can stop altogether.

Conductive hearing loss happens in older people when the sounds that are carried from the ear drums to the inner ear are blocked (such as ear wax in the ear canal, fluid in the middle ear, abnormal bone growth, or a middle ear infection).

Sensorineural hearing loss happens when there is damage to parts of the inner ear or auditory nerve. The degree of hearing loss can vary with different people. Often the cause is unknown, but it can be caused by noise exposure, birth defects, head injury, tumors, illnesses, certain medications, poor blood circulation, high blood pressure, or stroke.

What assistive listening devices are there to aid people with hearing loss?

The following devices may be able to help if you are experiencing hearing loss. Contact the Hearing and Speech Center of Northern California at (800) 806-1191 for more information.

- **Hearing Aids**

These are small devices, in various styles, that fit in or behind your ear and make sounds louder. These must be custom fit for your particular hearing loss and ears. The professionals who are trained to evaluate hearing and fit hearing aids are called audiologists. It is important that you consult a licensed audiologist for advice about the hearing aids best suited for you.

- **Special Phones**

If you have trouble hearing on a regular phone, you may be able to obtain a special phone which will make sounds louder. If a doctor of audiologist signs a certification form, you will be eligible for special telephone equipment at no charge from California Telephone Access Program. You can contact Hearing and Speech Center of Northern California to schedule an appointment to try the phones available at (800) 806-1191.

- **Alerting Devices**

If you have trouble hearing certain sounds in your home, flashing lights, loud bells, or vibrators can be installed to aid you. Contact Hearing and Speech Center of

Northern California at (800) 806-1191 to find the resources for assistive listening technology and alerting devices.

- **Group Listening Devices**

Some theaters, concert halls, meeting rooms, churches and synagogues are equipped with a group listening system, which can bring sound from the speaker directly to the person wearing a receiver. When attending a group event, ask if a system is available and how you can get a receiver. Many public places are required by law to provide this assistance if it is requested. If you are not sure whether the facility has a system installed, it is helpful to make your request in advance.

- **Personal Amplification Devices**

With one on one communication, these hand held amplifiers can make speech easier to understand.

- **TV Listening Devices**

These enable you to amplify the sound coming from your TV without disturbing the listening comfort of those around you.

What else can I do to address hearing loss?

Position yourself so that you can see the other person's face clearly.

Watch the speaker's face, lips, and gestures for clues to what is being said.

Relax; don't strain to hear every word.

Tell others that you have trouble hearing and tell them what they can do to help—speak directly to you, speak clearly and a little more slowly than usual, and do not shout.

If you miss part of what was said, repeat what you did hear, and ask the speaker to repeat or ask them to rephrase.

In meetings and lectures, sit in the front of the room.

Reduce or move away from background noise as much as possible when carrying on a conversation.

In a restaurant, sit in a booth or sit with a wall behind you whenever possible. Seek a table with good lighting and it is ok to ask to have the background music turned down. Go early when restaurants are less crowded.

The following resources are available for people with hearing loss:

Hearing and Speech Center of Northern California
1234 Divisadero Street
San Francisco, CA 94115
Tel: (415) 921-7658
Fax: (415) 921-2243
TTY (415) 921-8990

The Center offers many services including counseling, audiology, speech and language training, and education for children and families impacted by hearing loss, assistive device demonstration, programs and counseling for seniors and their family and caregivers, and referrals to other resources. Hours are Monday – Friday 8:30 am to 5:00 PM, with extend hours on Thursdays.

Deaf Services Center at the Main Library
San Francisco Public Library
100 Larkin Street at Grove Street
San Francisco, CA 94102
Tel: (415) 557-4434
TTY: (415) 557-4433

The Library provides information and referral services, TTY's and telephones, video viewing, assistive listening devices, interpreter or real-time captioning services. Call during open library hours: Tuesday through Thursday 11am-7pm, Friday and Saturday noon-6pm.

California Telephone Access Program
Inside the Hearing and Speech Center of Northern California
1234 Divisadero Street, San Francisco, CA 94115
Tel: (800) 806-1191
Hours: 1st, 2nd, and 3rd Fridays of each month, from 9:00 am-noon (closed noon-1:00 pm) and 1:00 pm-3:00pm, excluding holidays.

Hearing Dog Program
San Francisco SPCA
Tel: (415) 554-3070
TTY: (415) 554-3072

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SENIOR AND DISABILITY SURVIVAL SCHOOL®

SURVIVAL SHEET # 15

ACCESSING ASSISTIVE TECHNOLOGY

What is Assistive Technology?

Assistive technology (AT) is any device or equipment that enables a person with a disability to live more independently, including both “high-tech” and “low-tech” devices. Wheelchairs, walkers, text enlargers, special phones, and electronic communication devices are common examples of AT. Sometimes government programs purchase AT for people with disabilities. Medicare and Medi-Cal will provide AT deemed medically necessary. This includes equipment such as wheelchairs, grab bars, artificial limbs and “alternative and augmentative communication” (AAC) devices or talking computers.

Who is eligible?

Seniors and people with disabilities who have only Medicare are covered for some items. In order to receive payment, they must have good documentation from their doctor that the item is necessary and that there is no less costly alternative. It is also a good idea to get a report or letter from any therapists working with the person.

Seniors and people with disabilities who have only Medi-Cal may be covered for assistive technology considered to be Durable Medical Equipment (DME). DME is the term that Medi-Cal uses for the AT that they will cover. Medi-Cal also requires that a doctor prescribe the equipment and that the need for equipment be explained and documented. For almost all technology your doctor or medical provider must submit a Treatment Authorization Request (TAR) form. Medi-Cal has 30 days since the day your TAR is received to approve, deny or defer your TAR. If you do not hear from Medi-Cal within 30 days your TAR is considered approved. Because Medi-Cal may defer after receiving your TAR it can take longer than 30 days for your TAR to be approved or denied. Requests for items that cost over \$100 could take additional time.

If a person has both Medicare and Medi-Cal, there is a special approval process to follow in California. The person applies to Medi-Cal. Medi-Cal is expected to determine whether the device is a Medi-Cal benefit. If so, Medi-Cal should authorize payment. The vendor selling the device then seeks payment from Medicare first and then from Medi-Cal for any amount that Medicare does not cover. This process sometimes takes additional time but the person should receive

the device without any more cost than if he or she had Medi-Cal only.

If a person has private insurance, including Medicare HMOs and Medi-Gap insurance, his/her plan may include AT. Each insurer has its own criteria for what they will provide. Working with individual vendors may help facilitate the process.

How do I qualify?

Medicare and/or Medi-Cal will only pay for services and equipment that are found to be “reasonable and necessary”. Your doctor needs to clearly describe why you need the requested AT. Most equipment will be provided through a durable medical equipment provider. It is best to work with a company that has experience billing Medicare and/or Medi-Cal. It is often helpful if the provider also writes a report that describes the requested equipment, how it will benefit the consumer and that it is the lowest cost equipment to meet the consumer’s needs.

What kinds of equipment are provided?

When Medicare covers assistive technology devices and services, it will generally be under Part B (outpatient services). Part B services may include:

- Comprehensive outpatient rehabilitation facility services
- Physical and occupation therapy
- Speech pathology services
- Prosthetic devices
- Durable medical equipment

Medicare and Medi-Cal will both provide equipment such as:

- Respirators and other machines to assist breathing
- Hospital beds
- Wheelchairs including customized power chairs
- Crutches, canes, trapeze bars, or walkers
- Inhalators and nebulizers
- Commodes
- Suction machines
 - Traction equipment
 - Heart pacemakers
 - Infusion pumps
 - Whirlpool baths
 - Blood-testing strips and blood glucose monitors (if you are diabetic)
 - Prosthesis (artificial limbs)

Alternative and augmentative communication (AAC) devices

How much does it cost?

- **Medicare**

There is a deductible of \$147 per year for equipment provided through outpatient (Part B) services. You meet this deductible only by having costs that Medicare allows. In addition, you must pay a 20% co-payment for most services and devices provided under Part B. If you have Medi-Cal, it may help you pay these costs.

Physicians and suppliers of equipment may charge more than the rate Medicare allows. The patient will be expected to pay any amount above the amount Medicare allows, plus the 20% of the allowed amount that is the co-payment. In reality, this can be a lot of money. Some providers have agreed to provide services and equipment on an “assignment basis”. This means that the provider agrees to limit charges to the Medicare allowed amount. (The allowed amount is paid 80% by Medicare and 20% by you). Many providers will not provide equipment on an assignment basis but it is often worth trying to find one who will.

If you have both Medicare and Medi-Cal, Medi-Cal is responsible for paying the amount that is above Medicare’s allowed rate.

Medicare and Medi-Cal have separate rules concerning when they will rent equipment or when they will buy it.

- **Medi-Cal**

Many people who qualify for Medi-Cal will receive necessary equipment without any out-of-pocket costs. Some people, because of their income, qualify for Medi-Cal but with a Share of Cost. They must pay the Share of Cost each month before Medi-Cal picks up the remainder of their health costs. They can meet the Share of Cost by incurring any legitimate medical expense in that month (even for a services or equipment that Medi-Cal would not otherwise pay for). The amount of a Share of Cost will vary depending on the person’s income.

What if my request is denied?

While the process of getting assistive technology should be simple, it often is not. Both Medicare and Medi-Cal turn down some requests for equipment, especially the initial application. However, it is often possible to get a denial reversed by appealing and providing more information about the need for the device. It is important to get assistance and support from individuals or organizations that have successfully obtained assistive technology. Some organizations that can help you

are listed below.

Disability Rights California

San Francisco Bay Area Office:

1330 Broadway, Suite 500

Oakland, CA 94621

Tel: (510) 267-1200

Toll Free/TTY: 1 (800) 649-0154 (assistance in multiple languages)

Assistive Technology Project: (916) 488-9950

www.disabilityrightsca.org

Disability Rights California has publications that cover the right to receive assistive technology from various agencies including Medicare and Medi-Cal, and can provide information and assistance on individual cases.

Independent Living Resource Center (ILRC) of San Francisco

825 Howard Street

San Francisco, CA 94103

Tel: (415) 543-6222

Tel/Spanish: (415) 543-6743

Tel/Cantonese: (415) 543-6768

TTY: (415) 543-6768

ILRC provides information and assistance to San Francisco residents of all ages and disabilities.

Bay Area Legal Aid

1035 Market St., 6th Floor San Francisco, CA 94103

Tel: (415) 354-6360 (assistance in Spanish, Cantonese, Vietnamese, Tagalog and Russian)

Bay Area Legal Aid provides information and assistance, especially to Medi-Cal consumers or those lacking any regular health coverage.

Health Insurance Counseling and advocacy Program (HICAP)

Tel: (800) 434-0222 (assistance in Spanish, Mandarin and Cantonese)

HICAP Provides information and assistance to seniors and to Medicare consumers of all ages.

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SENIOR AND DISABILITY SURVIVAL SCHOOL®

SURVIVAL SHEET #16

CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

Some immigrants who are not eligible for Supplemental Security Income (SSI) may be able to receive cash assistance under the CAPI program. The program is now permanent, and is available to many immigrants regardless of when they entered the United States. This flyer discusses the program.

What is the CAPI program?

CAPI is a state program that provides cash assistance to some elderly and immigrants and immigrants with disabilities who may not be eligible for federal SSI because of immigration status. If you are already receiving SSI benefits, you are not eligible for the CAPI program.

Who is eligible for the program?

The following groups of immigrants are eligible for CAPI:

- Seniors (65 years or older) and persons with disabilities who are “qualified” immigrants.
- Seniors (65 years or older), and persons with disabilities who are “permanently residing in the U.S. under color of law” (“PRUCOL”).

In addition to these qualifications, you must also meet the federal SSI income and resource rules. For example, an individual is allowed to earn less than \$830 and has less than \$2000 in property assets. A couple can earn less than \$1408 and have less than \$3,000 property assets. Please note that your home, possibly your car and your household goods, may not be included.

Who is a “qualified” immigrant?

Qualified immigrants include: lawful permanent residents, refugees, asylees, persons granted withholding of deportation, conditional entry, paroled into the U.S. for at least a year, certain Cuban/Haitian entrants, and certain battered spouses and children.

Who is a “PRUCOL” immigrant?

PRUCOL stands for “permanently residing under color of law”. PRUCOL is a term that generally describes immigrants whom the United States Citizenship and Immigration Services (USCIS) knows are in the United States, but whom the INS is not taking steps to deport or remove.

I am a lawful permanent resident. Will my sponsor's income be added to mine (“deemed”) when I apply for CAPI?

If a sponsor signed an “affidavit of support” form when you entered the U.S., your sponsor's income and resources may be added to yours in determining your eligibility for benefits. This “deeming” rule makes the income of many immigrants too high to qualify for CAPI. You may be able to receive CAPI if your sponsor's income is very low, or if you meet one of the exceptions from deeming (described below). Deeming does not apply to refugees, asylees, parolees, battered spouses who have filed a self-petition for an immigrant visa, or to certain other immigrants who are not required to have a sponsor.

I recently became a lawful permanent resident. For how long will the deeming rules apply to me?

If you entered the U.S. on or after August 22, 1996, your sponsor's income will be added to yours for 10 years after you became a lawful permanent resident. The 10-year period applies regardless of which affidavit of support your sponsor signed. However, if your sponsor has a disability and signed a traditional affidavit of support (USCIS form I-134), the deeming period is 3 years.

What are the exceptions from deeming?

The exceptions from the sponsor deeming rules in CAPI depend on which affidavit of support form your sponsor signed. If your sponsor signed a “traditional” affidavit of support (USCIS form I-134), then the deeming rules do not apply if you became disabled after entering the U.S., or if you are a victim of domestic violence. If your sponsor signed a “new” affidavit of support (USCIS form I-864), then deeming does not apply if you would go hungry or homeless without assistance, or if you are a victim of domestic violence. This exception from deeming is granted for 12 months at a time.

How will the CAPI agency decide whether I would go hungry or homeless without assistance?

The Social Security Administration has provided guidance on this question. It says that immigrants meet this exception from deeming if the income they actually

receive is less than about \$698 per month, or \$1048 for a couple (the federal SSI benefit rate). This exception does not apply if the immigrant receives free room and board. California agencies should be following this guidance, but may not be aware of it. If you believe that you are in this situation, but are having trouble getting CAPI benefits, seek help from one of the agencies listed below.

If I apply for CAPI, will I be eligible for Medi-Cal or CalFresh?

Immigrants who are eligible for CAPI may be eligible for Medi-Cal and/or CalFresh. Make sure to ask your eligibility worker for help in applying for Medi-Cal and CalFresh at the same time that you apply for CAPI.

How much cash will I get?

The payment will depend on your situation. Generally, if you live alone you will be eligible for about \$840 per month and \$1482 for a couple. Payments to persons who are blind are higher. CAPI recipients get \$10 less than individuals and \$20 less if an eligible couple, than what federal SSI benefits pay (including State Supplemental Payments or SSP).

How do I apply?

Apply for CAPI at the Department of Human Services at 1440 Harrison Street (between 10th and 11th Streets). The CAPI department can be reached at (415) 558-1978.

You may have to show proof that you have applied for SSI in order to complete your CAPI application; however, you can apply for both programs on the same day. Your benefits will begin the month after you apply for, or try to apply for CAPI, so you should apply as soon as possible. Be sure to get a written receipt with a date showing that you applied or tried to apply for CAPI.

Will getting CAPI hurt my chances of becoming a permanent resident?

When you apply to become a permanent resident (get a green card) you generally must show the government that you are not likely to become dependent on government benefits in the future. In these cases, receiving CAPI benefits might be a problem, particularly if you are depending on CAPI for your sole support. However, some CAPI recipients who are applying for permanent resident status will not have this problem. These include refugees, persons who were granted asylum and persons who are applying for their green card based on having lived in the United States since before 1972. If you already have a green card, using CAPI is not a problem unless you leave the U.S. for 180 days or more at a time.

Will getting CAPI hurt my chances of becoming a citizen?

If you already have your green card and are applying for U.S. citizenship, receiving CAPI benefits will not hurt your chances of becoming a U.S. citizen unless you got the benefits fraudulently. For example, you may have trouble becoming a citizen if you intentionally say that you have less income than you really do when you applied for CAPI.

Who can I call for additional information?

Department of Human Services—CAPI
1440 Harrison Street (between 10th and 11th Streets)
San Francisco, CA
(415) 558-1978

Bay Area Legal Aid
1035 Market Street, 6th Floor
San Francisco, CA
(415) 982-1300

Immigrant Assistance Line
(415) 543-6767 Spanish / English
(415) 543-6769 Chinese / English

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SENIOR AND DISABILITY SURVIVAL SCHOOL®

SURVIVAL SHEET #17

CASH ASSISTANCE LINKED TO MEDI-CAL (CALM)

What is Cash Assistance Linked to Medi-Cal?

San Francisco's General Assistance program has been converted into four separate programs designed to provide cash assistance to four distinct populations. As a result, many low-income seniors and people with permanent disabilities who qualified for GA now receive cash assistance through a program called Cash Assistance Linked to Medi-Cal (CALM).

Who is eligible?

To receive a CALM grant, a person must be a San Francisco resident receiving Medi-Cal for the Aged, Blind, or Disabled. Only persons who are 65 years of age or over, or have been determined to have a disability by the California Disability Evaluation Department, qualify for this type of Medi-Cal. An individual CALM recipient may have up to \$2,000 in assets and a monthly income that is less than the maximum CALM benefit (\$355 per month for a single person). You must also be a U.S. citizen or legal immigrant, and have a valid Social Security number.

How do I apply?

To request a CALM grant, you must first apply and be eligible for Medi-Cal because of age, blindness, or disability. Medi-Cal applications are accepted Monday through Friday, 8:00 am to 5:00 pm, at the Medi-Cal office at 1440 Harrison Street (between 10th and 11th Streets). For general Medi-Cal or CALM information, call (415) 558-1978. People who are now receiving Medi-Cal for the Aged, Blind, or Disabled may call their Medi-Cal worker for CALM information.

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SENIOR AND DISABILITY SURVIVAL SCHOOL®

SURVIVAL SHEET #18

HOSPITAL DISCHARGE PLANNING

WHAT IS HOSPITAL DISCHARGE PLANNING?

Hospital Discharge Planning is the process you go through to prepare for leaving the hospital. The process may be long or short, depending on why you are in the hospital and how your needs may have changed as a result of your hospitalization. Hospitals have staff people who can help you make plans—they may be called Discharge Planners, Case Managers or Social Workers depending on the hospital.

WHAT SHOULD I THINK ABOUT BEFORE LEAVING THE HOSPITAL?

To make sure you'll have the care you need when you leave, here's what you should think about while you're staying in the hospital.

Think about what you will need at home and whether anyone at home can take care of your needs. You may need help with:

- **Activities:** Will you have to change your daily activities when you get home?
- **Stairs:** Are there steps going up to your home or to get to the bathroom? Are there any steps inside your home?
- **Medication:** Do you have the most recent information you need about your medications?
- **Errands:** How will you pick up prescription drugs and groceries?
- **Transportation:** How will you get home from the hospital? How will you get to your doctors' appointments and other activities once you are home?
- **Food:** Can you prepare meals? Do you have food? Will your diet change?
- **Personal Care:** Will you need help showering, in the bathroom, or eating?
- **Household Chores:** Will you need help with cooking, cleaning or laundry?
- **Equipment:** Will you need a commode or shower chair?
- **Furniture:** Will you be able to move around in your home? Is any furniture creating an obstacle? Can you reach everything you need?

A Hospital Discharge Planner, Case Manager, or Social Worker is available to help you plan for care when you are leaving the hospital. This person can help you arrange for services for which you may be eligible.

Find out from your doctor when you are likely to leave the hospital so you can plan for what will happen when you leave. Your **Hospital Doctor** is the leader of the Hospital Health Care Team. Your Discharge Planner, Case Manager, or Social Worker will work with you or your representative to develop a plan of care. If you can, involve family or friends in making decisions and arrangements. A discharge instruction sheet (with a list of medications) will be given to you at the time of discharge from the hospital.

If you have questions or concerns about your discharge tell your doctor, or Discharge Planner, Case Manager, or Social Worker as soon as possible.

IF YOU HAVE PROBLEMS AT THE HOSPITAL OR WITH YOUR DISCHARGE PLAN, a **Patient Advocate** can investigate complaints
– ask your hospital!

If you disagree with your discharge, contact your insurance company or the number provided to you by the hospital. Every type of insurance has an appeal process. Appeal rights vary based on the type of insurance you have. Talk to the Discharge Planner, Case Manager, or Social Worker to understand these appeal rights.

If you're sent somewhere that is not your home when you leave the hospital, tell the important people in your life so they can reach you.

WHAT ARE SOME RESOURCES I MIGHT NEED WHEN I GO HOME?

Everyone has different needs after leaving the hospital. Some services can only be provided to people who met certain age or income criteria. If you think you will need any of the following services, or other services that aren't listed here, talk to a Discharge Planner, Case Manager, or Social Worker to find out how to arrange for services.

SOME SERVICES YOU MAY BE ELIGIBLE FOR:

Aging and Adult Services Information and Referral: (800) 510-2020

In-Home Supportive Services: (415) 557-5251

IHSS Public Authority (on-call care/private pay): (415) 243-4477

Elder Care at Home (emergency homecare): (415) 982-9171 ext. 144

San Francisco Paratransit: (415) 351-7000

Home Delivered Meals: (415) 648-5592

Friendship Line for the Elderly: (415) 752-3778

Retired Senior Volunteer Program Tele/Friend Program (415) 731-3335

Adult Day Health Services (415) 355-6700(DAAS intake line)

Social Service Referral Hotline 211

IF YOUR NEEDS ARE NOT BEING MET AND YOU WANT TO APPEAL YOUR DISCHARGE, FOLLOW THESE GUIDELINES:

If you have Medicare (with or without Medi-Cal or other Coverage):

- ★ Insist on a written notice.
- ★ **Livanta**, at 877-588-1123.

You may have the right to an expedited appeal.

- ★ **Call HICAP** (Health Insurance Counseling & Advocacy Program) at (800) 434-0222.

For more information call 1-800-Medicare or visit: www.medicare.gov

If you have Medi-Cal, but not Medicare:

- ★ Call Bay Area Legal Aid at (415) 982-1300.
- ★ For automated information you may call the California Department of Social Services at (800) 952-5253.

If you have private insurance, but not Medicare:

- ★ Call your insurance company or HMO to find out about its rules and what you can do.

If you are interested in working with others to make discharge planning better for seniors and people with disabilities in San Francisco, join the HealthCare Action Team (HAT). For more information call (415) 546-1333.

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SENIOR AND DISABILITY SURVIVAL SCHOOL ®

SURVIVAL SHEET #19

DISASTER PREPAREDNESS

Why should I prepare for disasters?

Disasters can strike quickly, anytime day or night, and often without warning. They can separate us from our loved ones, force us to evacuate our homes, or confine us to our homes. They can leave us without access to utilities and other essential services.

After a major earthquake or other serious disaster keep in mind the following:

- Electricity may be lost. Visibility may be reduced at home if lights are out, and appliances, such as TVs, may not work. Food may spoil in refrigerators. Supermarkets, pharmacies, and other stores may be closed. You may not be able to use assistive devices or recharge a power wheelchair.
- Telephone service may be interrupted.
- Transportation systems may be seriously disrupted. Roads may be closed or blocked; bridges and tunnels may be damaged and closed; transit, taxi and paratransit service may be disrupted.
- Help from fire and police personnel may be delayed for at least 3 days. They will be busy with the most crucial situations. You will be left to rely on your own resources with the help of neighbors, friends and family during at least the first 3 days after a major disaster.
- Your home is the best place to stay if it is safe to be there.

How do I prepare for disasters?

- **Learn to stay safe during an earthquake or fire.**

During an earthquake:

Take cover where you are.

If you are inside, stay inside. Most injuries occur from glass, brick, and other materials falling from the outside of buildings.

Drop, Cover, and Hold On during the shaking. If you cannot drop to the floor, stay where you are and cover your head.

If you are in a wheelchair, lock the brake and cover your head.

If you are in bed, stay there and cover your head with your pillow.

You will also need to protect yourself during aftershocks. These smaller earthquakes can also cause damage and injury because buildings may have been weakened in the main quake. Their frequency, strength and length of time after the original quake cannot be predicted.

In case of fire:

If your smoke alarm goes off, get out immediately.

Escape safely if you can. Once you are out, stay out! Never go back inside a burning building for any reason! Call the fire department (911) from another location such as a neighbor's house.

If you must exit through a closed door, feel the door with the back of your hand before opening it. If it is cool, open it slowly. If it is warm or hot, do not open it. Find another way out.

If must go through smoke, crawl or get low under the smoke (scoot along in sitting position if you need to). If you cannot do so, stay where you are and signal for help, using a whistle or other signaling device.

If you cannot use stairways, make special arrangements for help in advance (neighbor, manager, etc.)

If exits are blocked, or if you are unable to get out, stay in the room with the door closed. Stay by the window near the floor and signal for help. Here are a few ways you can signal for help in case of fire:

Hang a sheet or cloth out of window

Use a whistle to let others know you are still in the building.

Use an air horn to signal where you are

Bang on pots and pans.

Make noise!

- **Create a personal support system.**

Choose a “buddy” who has agreed to check on you in case of disaster. Keep in touch with your neighbors and look out for each other. Your buddy should be someone who lives nearby and can check on you without traveling far. It could be a trusted friend, neighbor, or family member.

Decide where to meet after a disaster. Having predetermined meeting places will save time and minimize confusion should your home be affected or if the area is evacuated. Choose two meeting places—one right outside your home, in case of a sudden emergency such as a fire, and one outside your neighborhood, in case you cannot return home or are asked to evacuate your neighborhood.

Plan how to contact your family to reduce the stress of trying to find out how and where your loved ones are and letting them know how and where you are. Choose an out-of-area contact for all members of your family to call in case of disaster. (Telephone service is likely to be disrupted by disasters, particularly in the area immediately affected by the disaster.) Make sure that you know the phone number. This person will be the central collecting point for information on the location and condition of family members.

Your personal attendant or home health agency worker may have problems related to the disaster and may not be able to help you. Talk with your primary care provider about a back-up plan of how and where to get assistance, if this primary provider is unavailable.

- **Gather supplies and important health and medical information.**

In an emergency, you may be confined to your home for an extended period of time or you may need to evacuate on short notice. You can prepare by gathering your emergency supplies and information:

Water: for at least 3 days (1 gallon/person/day); store more if your resources and space allow.

Food: for at least 3 days; stored food should be non-perishable and require no water or cooking, and meet any special dietary requirements you may have. Include a manual can opener that you are able to use.

Medical emergency supplies, including:

Prescription medications: minimum 3-day supply; pharmacies may be closed, and shelters do not stock prescription medication;

First aid kit

Extra eyeglasses, hearing aid batteries or other items to meet your particular needs

Extra mobility aids: in an emergency, you may be able to substitute a car battery for a wheelchair battery. Otherwise, have a manual wheelchair, canes, crutches and walkers as a backup for use in an emergency.

For all medical equipment requiring electrical power, such as breathing equipment and infusion pumps, check with your medical supply company about a backup power source. This could include a battery pack or generator. Teach those who may need to assist you in an emergency, such as your “buddy”, how to operate it. Make sure they will be able to reach you in an emergency.

Personal and medical information, including:

List of all medications and dosages

List of allergies

Style and serial numbers of medical devices, such as pacemakers

Medical insurance and Medicare cards

List of doctors, relatives or friends to notify if you are injured

Phone numbers of local and non-local relatives or friends

Insurance agent's name and phone number

Flashlights and extra batteries (one by your bedside, in the kitchen, in the bathroom, with your wheelchair)

Battery-powered radio (to hear safety instructions); extra batteries

Sturdy shoes (keep them by your bed to avoid injuring your feet on debris)

Personal hygiene supplies

Change of clothing

Blanket

Extra set of keys

Cash, change for the pay phone

Keep essential items as a “Go Kit” in an easy-to-carry container, ideally one with wheels. Ask your “buddy” to help you gather items for your kit. Better yet, build your kits together so you are sure each of you has what you need in the event of an emergency and you are familiar with what special needs you and your buddy share. If you drive, keep a smaller version of the kit in your vehicle. You may be stranded or unable to return home.

- **Reduce Hazards at Home.**

Earthquake:

Everyday items around our house can be dangerous during an earthquake. Here are some ways you can reduce these hazards:

Secure heavy objects that may fall.

Have your water heater strapped so that it does not tip over in an earthquake and cause a fire.

Bolt bookcases to the wall so that they do not fall and injure you or block your exit.

Install strong latches on cupboards to prevent injury from falling or broken items.

Hang pictures and mirrors away from beds.

Place your bed away from windows if possible.

Keep sturdy shoes by your bedside to protect your feet from debris.

Ask a friend, neighbor or family member to help you if needed.

Fire:

Test your smoke alarms once a month. Change batteries at least once a year. If you cannot reach your smoke alarms, ask a neighbor, building manager or family member to help you.

Plan two escape routes from each room and out of your home. Do this in advance so that you can more easily escape.

Do not smoke in bed!

Keep portable heaters away from drapes, bedding, etc.

Never leave items on the stove unattended.

Turn appliances off after use.

This information was compiled by The American Red Cross Bay Area and Bay Area Prepared.

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SENIOR AND DISABILITY SURVIVAL SCHOOL®

SURVIVAL SHEET #20

SERVICES IN SUPPORT OF ANIMALS FOR SENIORS AND PEOPLE WITH DISABILITIES

Many seniors and adults with disabilities find great support and companionship from their animals, both pets and service animals.

Animals as Pets

Many seniors are interested in pets as companions. There are many sources for affordable pets, including animal shelters, the SPCA and various pet rescue programs.

Animals as Service Animals

A service animal is any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability. Service animals perform some of the functions and tasks that the individual with a disability cannot perform for him or herself. Seeing eye dogs are one type of service animal, used by individuals who are blind. There are service animals that assist persons with other types of disabilities in their day to-day activities. Some examples include:

- Alerting persons with hearing impairments to sounds
- Pulling wheelchairs or carrying and picking up things for people with mobility impairments
- Assisting individuals with balance.
- Providing emotional support for people with mental health disabilities.

A service animal is not a pet. A service animal is protected by the Americans with Disability Act, and must be permitted to accompany the individual with a disability to all areas where that individual would otherwise normally be allowed to go. Documentation verifying the animal as a service animal should not be required.

Resources in San Francisco

The following are organizations that offer support to animals and their guardians:

San Francisco Department of Animal Care & Control
1200 15th Street (at Harrison)
San Francisco, CA 94103
Tel: (415) 554-6364 x3
TDD: (415) 554-9704

This Department coordinates City animal shelters and pet adoption programs. To search for a lost pet or an animal to adopt visit during open hours: everyday from Noon to 6:00 PM and 7:00 PM on Wednesdays (closed all City holidays).

Service animals can be registered to San Francisco residents. You will need a doctor's note explaining the animal's role as a service animal and the dog will need a valid license.

San Francisco SPCA (Society for the Prevention of Cruelty to Animals)
2500 16th Street, San Francisco CA 94103
telephone: (415) 554-3030

- The *Pet-A-Care Program* provides the most comprehensive charitable program in the nation for spayed and neutered pets of low-income seniors.
- The *Pets of Homeless Program* provides free spay-neuter surgery for pets of homeless people.
- The *Emergency Veterinary Care Fund* provides urgent medical treatment for pets hit by cars, suffering seizures or heart attacks, or other medical crises. Interest-free financing is available for qualifying low income San Francisco residents with spayed or neutered animals.

SF/SPCA Hearing Dogs Program
telephone: (415) 554-3070
TDD: (415) 554-3072

The *Hearing Dog Program* offering assistance to deaf and hard-of-hearing individuals, while at the same time, giving previously homeless animals a chance for useful lives of love and service.

Pets Are Wonderful Support
3170 23rd Street
San Francisco, CA 94110
www.pawssf.org
Telephone: (415) 979-9550
Email: info@pawssf.org

Pets Are Wonderful Support (PAWS) offers assistance to low-income San Francisco residents with disabling illnesses and their animal companions. Services include subsidies for animal food and veterinary care, and counseling and education for pet guardians.

San Francisco Mayor's Office on Disability
1155 Market Street, 1st Floor
San Francisco, California 94103
telephone: (415) 554-6789
TTY: (415) 554-6799

The Mayor's Office on Disability is responsible for overseeing the implementation and enforcement of San Francisco's obligations under the Americans with Disabilities Act (ADA) and other Federal and state disability civil rights and accessibility laws. Complaints of violations of these laws can be filed with the Mayor's Office on Disability.

Meals On Wheels of San Francisco, Inc.
1375 Fairfax Avenue
San Francisco, CA 94124
Phone: (415) 920-1111
Fax: (415) 920-1110
www.mowsf.org

Meals on Wheels has a program that will deliver pet food to homebound seniors.

This fact sheet was prepared by the Senior and Disability Survival School, a project of Senior and Disability Action (SDA).

Utilizing presentations, discussions, and popular education activities, Senior and Disability Survival School trains seniors and adults with disabilities to effectively access vital community resources and to exercise their rights when they do. You can reach Sarah Jarmon, Senior and Disability Survival School Director, at (415) 546.1333 x 307 and sarah@sdaction.org. SDA is located at 1360 Mission Street, Suite 400 in San Francisco. Its website is www.sdaction.org.