

**June 2008**

Health Services on-call workers may be contacted on behalf of clients with disaster-related health care needs by Chapter or District Duty Officers, District Coordinators, Client Caseworkers, or other paid or volunteer staff. Although Health Services is sometimes called to respond to general questions, the most common reasons for contacting Health Services is to assist clients whose medications, glasses, or other medical equipment have been lost in a fire. Health Services may also be notified of a disaster-related injury or hospitalization affecting a client or Red Cross response worker.

Typically, Health Services on-call workers receive referrals after-hours and weekends from DAT responders and/or duty officers; weekday-daytime referrals are generally forwarded to the Supervisor, Health Services.

When providing health or mental health assistance, combined benefits may not exceed \$500 per person; funds are intended to provide emergency assistance only and to enable disaster clients to begin their recovery. Assistance with funeral expenses is also available and referrals should be discussed with the Supervisor, Health Services.

When working with clients who need a referral to Health Services, the responder, caseworker, or duty officer will fill out a Client Assistance Memorandum, Form 1475, and a Release of Confidential Information, Form 5854. The 1475 is a communication tool for referring clients to Health Services or Disaster Mental Health; the form contains client contact information and a brief summary of the reason for the referral. The Release of Confidential information enables Health Services to secure necessary client medical information from physicians, pharmacists, hospitals and other providers.

On-call Health Services workers may not have immediate access, especially after-hours and weekends, to a written 1475 but can be given information over the telephone. Information should include:

- Client name, pre-disaster address, and current phone number ó cell phone, motel phone, or family/friend phone
- Head of Household or the client's relationship to head of household such as spouse, child, parent, etc.
- Age or approximate age of client
- Current living location ó motel, family/friend, etc.
- Physician, pharmacy, or hospital name and phone number ó preferred but not always available to the caller

### **Replacing Prescription Medications**

The following information should be obtained by Health Services in order to approve replacement of prescription medications. The name of the pharmacy may be available from the

DAT responder or caseworker making the initial referral. If not, Health Services should call the client and obtain general prescription information and the name and phone number of the pharmacy. Health Services should also:

1. Determine what happened to the medication ó the loss must be disaster related.
2. Verify the medication with a health care profession or pharmacist ó name of medication, dosage, quantity and last refill date.
3. Verify that the prescription is current and there is a continuing need.
4. Verify whether the medication is taken regularly or as needed.
5. When did the client last take the medication? When is the next dose due?
6. Determine the cost of the medication and whether the client has insurance that covers prescription medications (private, Medicare, MediCal).
7. If the client has no insurance, ARC will pay for medications. Ask the pharmacy if they can provide a discount due to the circumstances of the refill. If there is insurance, ARC can pay the co-payment.
8. Arrange with the caseworker or District Coordinator to add the specific amount of the cost of the prescription to the client's CAC card as a Class 5 expense.
9. Ask the client to provide a receipt for the medications purchased.
10. Record the interactions on a Form 2077.

### **Mail-order Prescriptions**

Many managed care health plans require their members refill ongoing maintenance prescriptions through their mail-order pharmacy network. When a client with a mail-order pharmacy plan loses their current medications in a fire, they should contact their health plan's member services department and discuss what alternative assistance may be available for them on an interim basis while their mail order prescription is being refilled. Some health plans will make arrangements with a local network pharmacy for a limited supply of medications; **ARC can assist by confirming the loss is due to a local disaster or fire or by talking with a local pharmacy once the client has contacted their health plan and received appropriate information.**

In addition, ARC can also contact the client's physician and potentially obtain "sample" medications for the client that might substitute for a few days until the mail order refills arrive. Ultimately, coordinating timely mail-order refills is the responsibility of the health care plan and confirming the disaster-related circumstances might be the most helpful assistance ARC can provide to the client. Document all interactions related to prescription refills on a Form 2077.

### **Replacing Eyeglasses or Contact Lenses**

The following information should be obtained by Health Services to determine if eyeglasses or contact lenses can be replaced by ARC.

1. Determine what happened to the glasses or contacts. The loss must be caused by the disaster or be a disaster-related injury or illness that created the need for new glasses or contacts.
2. Determine if the client has vision insurance that covers eyeglasses or contacts.
3. Does the client have glasses with the same prescription as the lost contacts? If so, ARC does not cover replacement contact lenses.
4. Where and when were the original glasses or contacts obtained? Eye exams are required if a prescription is older than two years, if there is an eye injury, or if the eye care professional requires it.

5. Discuss with the client the potential for special eyeglass requirements. ARC does not pay for designer frames, tinted lenses, transitional lenses or other extras on eyeglasses.
6. Clients may be issued a VSP Certificate for glasses ó these certificates are donated by VSP and include a free exam and one pair of eyeglasses. The certificates must be used with a VSP provider selected by the client.
7. If the client has an existing relationship with a non-VSP provider or does not want to use the VSP Certificate, the client may choose to receive treatment from a provider of their choice.
8. If seen by a non-VSP Provider, eyeglasses or lenses are covered under the Class 5 benefit which cannot exceed \$500 for all medical/mental health related costs.
9. If a VSP Certificate is not being used, verify from the provider the price for the needed item(s). The exact cost of the exam and/or eyeglasses or lenses can be added to the client's CAC card; ask the client or provider for a copy of the receipt.
10. Record the interactions on a Form 2077.

### **Replacing Hearing Aids or Dentures**

1. Determine what happened to the hearing aid or dentures; the loss must be disaster related.
2. Determine if there is insurance available that covers or partially covers the hearing aid or dentures.
3. Determine the name and address of the dentist or supplier. Verify the ongoing need for the dentures or hearing aid with the provider.
4. Determine the cost of the dentures or hearing aid and ask the provider to fax or mail a copy of the statement. In most instances, the cost will exceed the ARC budget but up to \$500 can be added to the client's CAC card to partially cover the cost of replacement.
5. Record the interactions on a Form 2077.

### **Replacing other Durable Medical Equipment**

To replace other durable medical supplies such as nebulizers, glucose monitors, or insulin supplies, use local resources to assist the client in finding replacements. Always determine how the equipment was damaged or destroyed and verify that the equipment was being utilized at the time of the disaster. Work with the client by suggesting appropriate vendors who may be able to provide a discount or otherwise assist the client, verify a reasonable replacement or repair cost with the vendor, allocate funds to the client's CAC card, and request a receipt for the approved items. The interactions should be recorded on a Form 2077.

### **Conducting Hospital Visits**

Occasionally, Health Services workers visit hospitalized patients and/or their families affected by disaster to determine their disaster-caused needs and to ensure that they are aware of Red Cross Services. Depending on the circumstances, it is sometimes appropriate to have a multi-activity team (possibly including the DAT member opening the case, a client caseworker, or a DMH volunteer) visit the hospitalized client or his or her family. Health Services responsibilities during these visits are to:

- Collect information about disaster-related deaths, hospitalizations, injuries or illnesses;
- Explain Red Cross assistance and determine health-related needs;
- Obtain information about the diagnosis, prognosis and future treatment or discharge needs for patients who have indicated a need for assistance;

- Provide the hospital with a point-of-contact information should the Red Cross be able to assist the patient at discharge.

Health Services may also obtain information from the hospital via telephone and follow-up more directly with clients after discharge. This is recommended for those patients who are treated and released or admitted for a short observation stay only.

Interactions or information regarding all hospitalizations should be recorded on the Form 2077.

### **Requests to open a shelter or evacuation center**

**Should you receive a request by a DAT team member or District or Chapter Duty Officer to help open a shelter or evacuation center, please notify the Chapter Health Services On-Call worker immediately. The Supervisor, Health Services should also be notified immediately to help access the request and determine what other resources are needed.**

### **What to do with the documentation**

Please contact Mary Chasin, RN, Supervisor, Health Services via phone or e-mail and let her know you received a DAT phone referral or a 1475. This way, all referrals can be tracked and monitored to assure that client needs are met. All written documentation, including completed Forms 1475 or Forms 2077, should be forwarded to the Chapter Headquarters. Forms may be sent via mail or placed in an envelope and sent inter-office mail from one of the district offices.

Contact information is:

Mary Chasin, RN  
Supervisor, Health Services  
American Red Cross, Greater Los Angeles  
11355 Ohio Avenue  
Los Angeles, CA 90025  
[chasinm@arcla.org](mailto:chasinm@arcla.org)

Phone: 310-477-5243  
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If you have questions, please contact Mary Chasin. The Health Services Chapter "On-Call" worker is also available after-hours to provide assistance.