

# **The Catastrophic Illness In Children Relief Fund**

*When other resources end, we begin.*

## **~ ELIGIBLE EXPENSES ~**

Certain expenses may be covered by the Catastrophic Illness in Children Relief Fund (CICRF), provided:

- ◆ The applicant meets the eligibility criteria for the Fund;
- ◆ The services or items are determined to be medically necessary for the child;
- ◆ There is no other payor; and
- ◆ The required documentation is provided.

The CICRF Commission makes the final determination of eligibility and the amount of award for payment or reimbursement. Since the amount in the Fund and the number of requests for assistance vary from year to year, please do not assume or make financial decisions based on an expectation that the Fund will pay. This is true even if you received reimbursement for the item or service in the past.

The CICRF is intended as a last resort for payment of eligible covered expenses. CICRF cannot reimburse a family for expenses that would be covered by private or public health insurance, schools, or other sources. You must first apply for all other possible sources of payment, and be denied, before a request for payment will be considered by the Fund.

The following is required for most requests:

- ◆ Documentation of medical necessity of the item or service;
- ◆ Receipts indicating payment has been made; and
- ◆ Denial letters from the insurance company.

For some types of requests there may be additional documentation requirements.

**The following types of expenses may be considered for financial assistance.**

1. Hospital and physician bills
  - ◆ Co-payments or full expenses not covered by insurance
  - ◆ “Out-of-network” providers are not considered unless extraordinary circumstances exist and the reason is documented by the primary physician and the out-of-network physician; such requests must be approved by the Commission
2. Medication
  - ◆ Co-payments or full expenses not covered by insurance
3. Therapy
  - ◆ Physical therapy, occupational therapy, speech therapy, and hippotherapy (excluding any services provided during the school day or at overnight camps)
4. Mental health treatment
  - ◆ Co-payments or full expenses not covered by insurance

5. Dental care, with the exception of orthodontia
  - ◆ Co-payments and deductibles
  - ◆ Extraordinary dental treatment resulting from or linked to the child's medical condition
6. Home health care, provided by a licensed home health agency
7. MassHealth, CommonHealth and Children's Medical Security Plan premiums
  - ◆ Private health insurance premiums are not considered
8. Insurance co-payments and deductibles
  - ◆ Includes MassHealth, CommonHealth, and private insurance
9. Health enabling services and equipment
  - ◆ Includes therapy equipment, medical supplies, communication equipment, medic alert bracelets, room-sized air conditioners or generators (for the purpose of the child's medical condition), etc.
  - ◆ The Fund will not cover equipment that has not been proven effective, such as non-HEPA filter air purifiers
10. Mobility Aids
  - ◆ Includes wheelchairs, walkers, seating systems, stair lifts, other lifts, and other mobility equipment
  - ◆ Requests for payment for wheelchairs that have been denied by MassHealth will receive increased scrutiny
11. Ambulance (air or ground)
12. Inpatient family support
  - ◆ An amount of \$50 per day per family may be provided to assist with mileage, parking, meals and incidentals associated with family expenses while visiting the child during a hospital inpatient stay or short term placement for medical treatment; the number of days the family spent at the hospital must be provided. If the distance from the family's home to the hospital is more than 50 miles, the daily amount is \$65 (effective 10-1-08).
  - ◆ Documentation of the admission is necessary on a hospital discharge summary, a computer generated report from the hospital, or on hospital or physician letterhead, including the reason for the hospitalization and admission and discharge dates
13. Outpatient family support
  - ◆ An amount of \$25 per day per family may be provided to assist with mileage, parking, meals and incidentals associated with outpatient medical appointments if the family is away from home for 4 hours or more. If the distance is more than 50 miles, the daily amount is \$35 (effective 10-1-08). Medical appointments include appointments with or ordered by a physician, physician's assistant, or nurse practitioner.

14. Travel and lodging expenses related to out-of-state treatment or in-state treatment when the family lives far from the treating facility
15. Home modifications, vehicle purchases and vehicle modifications
  - ◆ With limitations; reviewed according to a sliding scale based on family size and income
  - ◆ Home modifications must be for the purpose of increasing accessibility for the child
  - ◆ Vehicle purchases and modifications may only be approved in cases where the child uses a wheelchair or requires such an extraordinary amount of equipment it will not fit into a standard size vehicle. Vehicle modifications for the purpose of addressing safety concerns resulting from a child’s medical diagnosis will also be considered.
  - ◆ With limitations, vehicle repairs to extend the life of a vehicle will be considered for families whose income is below 300% FPIG. [Effective 11-1-08]
  - ◆ Families may apply and provide income documentation for prior approval of vehicle purchases. This will let the family know how much they will be reimbursed if they purchase a vehicle or modify a vehicle. The family must also meet all other eligibility criteria.
16. Central air conditioning or whole-house generators
  - ◆ With limitations; reviewed according to a sliding scale based on family size and income
17. Funeral/burial services
  - ◆ \$6,500 maximum for families whose income is 300% or less of the Federal Poverty Income Guidelines
18. Complementary and alternative medicine
  - ◆ Requests for complementary and alternative therapies that are not supported by scientific evidence will likely receive additional scrutiny and are frequently denied
19. Experimental treatment (Phase II and III clinical trials)
20. Child care for siblings during the time that the applicant child is receiving medical care out of the home that is not part of routinely scheduled care and, as a result, the parent(s) are unable to provide care for the siblings personally or arrange for child care in advance

**The following types of expenses are not eligible for reimbursement by CICRF:**

1. Private health insurance premiums
2. Orthodontia
3. Experimental medication – Phase I clinical trials
4. In-state transportation
5. Respite care
6. Routine maintenance on vehicles
7. Cell phones
8. Rent, utility, and telephone expenses
9. Hyperbaric Oxygen Therapy (HBOT)
10. Freestanding non-HEPA air purifiers

11. Education Advocates
12. Outdoor swimming pools
13. Conductive Education
14. Individual therapy suits; such as TheraSuit, Adeli suit, Neurosuit, G-suit, and Penguin suit
15. Out-of-state intensive therapy programs; such as TheraSuit Method and Euro-Peds, when comparable and/or appropriate therapy is available in Massachusetts

If you have any questions, please do not hesitate to contact the CICRF staff at:

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