

# The Catastrophic Illness In Children Relief Fund

*When other resources end, we begin.*

## ~ ELIGIBLE EXPENSES ~

The Catastrophic Illness in Children Relief Fund (CICRF) is a Massachusetts program that can reimburse families caring for children and youth with special health needs and disabilities under age 22 for medically related expenses if they meet the eligibility criteria.

Created by legislation passed in 2000, eligibility is determined through a comparison of expenses to income; medically related expenses for the child must exceed 10% of family income from all sources in the same 12-month period (plus 15% of any amount over \$100,000).

**As a payor of last resort, CICRF cannot reimburse a family for expenses that would be covered by private or public health insurance, government programs (including education), fundraising, or other sources.**

The CICRF Commission which oversees the Fund 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.

Most requests require the following documentation:

- ◆ A letter of medical necessity from your child's provider;
- ◆ Receipts indicating payment has been made by the family; and
- ◆ Explanation of Benefits or denial letters from the health 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. Inpatient family support

- ◆ A per diem stipend may be reimbursed to an eligible family for mileage, parking, meals and incidentals associated with visiting a child during a hospital stay.
- ◆ Documentation of the admission is necessary on a hospital discharge summary, a computer-generated report from the hospital, or on hospital letterhead, including the reason for the hospitalization and admission and discharge dates

### 2. Outpatient family support

- ◆ A per diem stipend may be reimbursed to an eligible family for mileage, parking, meals and incidentals associated with a child's outpatient medical appointments at a hospital or hospital satellite.
- ◆ Documentation of the appointment is necessary on physician or clinic letterhead.

3. Home modifications, vehicle purchases and vehicle modifications
  - ◆ Fund policy limits the amount of total expenses for home and vehicle expenses which can be counted toward eligibility. Reimbursement is calculated according to a sliding scale based on family size and income.
  - ◆ Must be for the purpose of increasing accessibility for children using mobility or other durable medical equipment.
  - ◆ The Fund will consider unmodified vehicle purchases for child or youth who travels with a ventilator, mobility equipment or other durable medical equipment that requires a larger vehicle with additional storage space.
4. Health enabling services and equipment
  - ◆ Mobility aids including wheelchairs, walkers, seating systems, stair lifts, and ceiling lifts
  - ◆ Other durable medical equipment such as therapy equipment, medical supplies, communication equipment, medical alert bracelets, room-sized air conditioners or whole-house generators (for the purpose of the child’s medical condition)
  - ◆ The Fund will not cover equipment that has not been proven effective
5. Medical expenses
  - ◆ Co-payments, deductibles, coinsurance or expenses not covered by insurance. Insurance denial or Explanation of Benefits is required.
  - ◆ “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.
  - ◆ Hospital, physician, and ambulance
  - ◆ Therapy: physical therapy, occupational therapy, speech therapy, and hippotherapy
  - ◆ Mental health treatment
  - ◆ Dental care, extraordinary dental treatment resulting from or linked to the child’s medical condition, excluding orthodontia
  - ◆ Home health care, provided by a licensed home health agency
  - ◆ Prescription and over-the-counter medication; most pharmacies can provide a print-out of all prescription expenses
6. MassHealth, CommonHealth and Children’s Medical Security Plan premiums
  - ◆ Private health insurance premiums are not considered

Travel and lodging expenses related to out-of-state treatment, or in-state treatment when the family lives more than 50 miles one way from the treating facility
7. Funeral/burial services (in-state only)
  - ◆ \$10,000 maximum for families whose income is 400% or less of the Federal Poverty Income Guidelines
8. Complementary, alternative medicine and integrative therapies
  - ◆ Requests for complementary and alternative therapies that are not supported by scientific evidence will likely receive additional scrutiny and are frequently denied.
9. Experimental treatment (Phase II and III clinical trials only)