

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 for certain expenses if they meet the eligibility criteria. As a payor of last resort, 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 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 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, physician, and ambulance
 - ◆ Co-payments, deductibles, or full expenses not covered by insurance. Insurance denial or Explanation of Benefits is required unless expense is a policy exclusion.
 - ◆ “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. Prescription and over-the-counter medication
 - ◆ Co-payments or full expenses not covered by insurance. Insurance denial or Explanation of Benefits is required unless expense is a policy exclusion.
 - ◆ Most pharmacies can provide a print-out of all prescription co-payment expenses.
3. Therapy
 - ◆ Physical therapy, occupational therapy, speech therapy, and hippotherapy
 - ◆ Therapies to supplement services provided by the school system are not usually covered.
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. 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
9. Mobility Aids
 - ◆ Includes wheelchairs, walkers, seating systems, stair lifts, and other mobility equipment
 - ◆ Requests for wheelchairs that have been denied by MassHealth will receive increased scrutiny
10. 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. The number of days the family spent at the hospital must be provided.
 - ◆ 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
11. 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 if the family is away from home for 4 hours or more.
 - ◆ Documentation of the appointment is necessary on physician or clinic letterhead.
12. Travel and lodging expenses related to out-of-state treatment or in-state treatment when the family lives far from the treating facility
13. Home modifications, vehicle purchases and vehicle modifications
 - ◆ With limitations; reviewed according to a sliding scale based on family size and income
 - ◆ Must be for the purpose of increasing accessibility for the child
 - ◆ Beginning 7/1/09, the Fund will only reimburse for the modification of a vehicle that is less than 3 years old.
14. Funeral/burial services
 - ◆ \$6,500 maximum for families whose income is 300% or less of the Federal Poverty Income Guidelines
15. 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
16. Experimental treatment (Phase II and III clinical trials)

17. Child care will *not* be reimbursed, but may be counted towards total out-of-pocket expenses when determining financial eligibility.

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. Central air conditioning
15. Individual therapy suits; such as TheraSuit, Adeli suit, Neurosuit, G-suit, and Penguin suit
16. 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:

Catastrophic Illness in Children Relief Fund
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