

BCA Government Grant Policy & Forms

Cystic Fibrosis Canada
British Columbia Association



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FORMS

BCA Grant Registration Form

BCA Grant Reimbursement Application

**BRITISH COLUMBIA ASSOCIATION
GOVERNMENT GRANT POLICY**

Cystic Fibrosis Canada's British Columbia Association (BCA) administers a grant from the BC Ministry of Health to assist individuals with cystic fibrosis (CF) and their families with medication, travel and accommodation costs related to cystic fibrosis care. To be eligible for support individuals with CF must have their diagnosis confirmed by a CF clinic in BC. In addition, individuals must attend a CF clinic at least once every year.

To qualify for the grant you must first submit a **Grant Registration Form**. It can be submitted with the *first claim* for each individual with CF. Any changes to the application (e.g. changes to family status, living arrangements, or the addition of any other funding sources) must be communicated to the Grant Administrator with your next submission. The form is available from the CF clinics or the BCA webpage at www.cfchapters.ca/vancouver/about-us/bc-medical-grant/.

**CYSTIC FIBROSIS MEDICATIONS
(Effective April 1, 2012 or as funds become available)**

The **new** Grant Registration Form must be submitted with the **first claim** for each individual with CF. A registration form is not necessary if previously submitted. Please submit a completed Grant Reimbursement Application form with receipts approximately every three months or for a minimum \$100. If the total claimed is over \$500, reimbursement may be paid in installments over a period of time depending on the funds available. The completed reimbursement form and original receipts must be mailed to the Grant Administrator.

As funding is limited, individuals and their families are encouraged to seek other opportunities for coverage and funding before applying for grant coverage. Reimbursement for CF medications will be made to a **maximum of \$1,500** per individual with CF per year.

Criteria for reimbursement of medication:

- **NEW A Grant Reimbursement Application form must be completed and submitted with each claim.**
- Only original "Official Prescription Receipts" will be reimbursed. This includes PharmaCare "Plan D" supplements.
- Other prescribed medications or treatments not covered by PharmaCare must also be on an "Official Prescription Receipt" *or* an original CF physician or other specialist prescription accompanied by the original purchase receipt.
- Also included are saline and diabetic supplies prescribed by the CF clinic or other specialists; air compressors and nebulizers to a maximum of \$150 per original CF clinic physician's prescription per year.
- EHB claims must have a copy of the EHB statement and a photocopy of the receipts.

REMEMBER: Original receipts must be submitted except for EHB claims which may be copies.
Receipts must be submitted by mail.

To manage the grant effectively and ensure timely reimbursement, it is requested that claims be submitted within three months of the expense being incurred.

**TRAVEL AND ACCOMMODATION COSTS
(Effective April 1, 2012 or as funds become available)**

The grant assists with travel and accommodation costs related to attending a CF clinic (including specialized outpatient testing and procedures), and/or hospitalization for CF-related illness. The Grant Registration Form must be submitted with the **first claim** for each individual with CF. A registration form is not necessary if previously submitted. The Grant Reimbursement Application form must be submitted with all reimbursement requests.

Travel and accommodation arrangements are to be made by the individual with CF or his/her family. The grant provides coverage for a CF patient (child or adult) and one caregiver for a child with CF or for an adult with CF, where medically necessary.

In the case of an extended hospital stay, special arrangements for caregiver accommodation may be possible by first contacting your clinic social worker.

Accommodation

- A. For patients of BC Children’s Hospital (aged 18 years and under): The Ministry of Health Services and Provincial Health Services Authority have introduced an accommodation assistance program called the B.C. Family Residence Program. It is administered by Variety – The Children’s Charity, and provides subsidized accommodation for families for up to 30 days per stay. Arrangements are made through Variety for accommodation in special housing facilities such as Ronald McDonald House, Easter Seal House or alternate locations that meet their criteria. Call 1-866-496-6946 (8am to 4pm Monday to Friday) or visit: <http://www.variety.bc.ca/>
- B. For all other patients/families (including adults with CF) unable to make the round trip to their CF clinic in one day, the cost of **one night of accommodation** (except in special circumstances) at Easter Seal House will be covered or, in the case of a hotel, costs to a maximum of \$60. Please try Easter Seal House first for availability. Accommodation costs are also covered for one parent or one caregiver for the duration of an individual with CF hospitalization, **if necessary**. As grant funds are limited, any additional family members will be responsible for their own accommodations costs.

Current rates for Easter Seal House are as follows:

	Easter Seal House
Child Patient	Free (unlimited)
Adult Caregiver	\$18/night
Child (non-patient under 18 years)	\$7/night
Adult Patient	\$25/night/adult in room (max 10 days)

Please pay your bill and then submit the original receipt with the completed Grant Reimbursement Application form to the Grant Administrator for reimbursement directly to you.

Travel

Reimbursement will be made following a clinic visit or hospitalization for a portion of air/bus fare or for mileage exceeding 100 km per round trip. As grant funds are limited, it is essential for all users to examine the most economical and optimum method of travel for them. When claiming travel, reimbursement will be for the lesser of mileage or air fare.

NEW Reimbursement forms will no longer be accepted from the clinic and only from the person with CF and/or family. As well, patients must submit receipts for bus and airline tickets along with the authorized Grant Reimbursement Application form directly to the Grant Administrator by mail.

Air

Where possible, all families are encouraged to use the **Travel Assistance Program (TAP)** or **Hope Air**. Please ask your clinic staff for information on either of these programs. Hope Air flights are provided at no charge; however, there are some eligibility requirements.

The grant will reimburse 50-80% of commercial airfare depending on the region you live in (for example those who must travel greater distances receive greater coverage) or mileage, whichever is less.

Bus

The grant will provide reimbursement for round trip bus fares.

Personal Car

Mileage will be paid at 20 cents per kilometer based on a minimum 100 km round trip from your home to the facility you are attending. The grant does not cover parking or tolls. Ferry costs are covered by the TAP program.



BCA Grant Administrator
800-2323 Yonge Street
Toronto, ON M4P 2C9
Email: grants@cysticfibrosis.ca

BC Association Grant Registration Form

1. Individual with CF: _____ Date of Birth: _____
2. 2nd individual with CF (e.g. sibling): _____ Date of Birth: _____
3. Parent/Guardian if applied for on behalf of a child: _____
4. Street Address: _____

Mailing Address (if different) _____

5. Phone #: _____ Email: _____

6. At which CF clinic are you or your child registered?

BCCH St. Paul's Victoria General Royal Jubilee

7. Please indicate which financial assistance you may require:

Medical Travel Accommodation

What is your Fair Pharmacare #: A-
(Don't Know your #? Please call Fair Pharmacare at 604-683-7151 (Vancouver) or 1-800-663-7100). This is not your PHN.

8. Do you have extended health benefits coverage? Yes No

(If you answered **“yes”** please submit to benefits plan first. Then, if needed, you can submit to the CF grant to request coverage for any portion not covered by benefits plan)

9. Name of person completing this form: _____

Signature: _____ Date: _____

Please note: Only supplies and medications received on an original Pharmacare receipt or original physician prescription form will be accepted for reimbursement.

Privacy Statement: The information from this form may be shared with the Cystic Fibrosis Clinic staff to support administration of the BC Association grant monies. It may also be used to support future requests to the government for an increase in grant funding – such requests would protect the identity of all and would provide statistical information only, "in aggregate form".



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BC Association Grant Reimbursement Application

Patient's name: _____ **Phone #:** _____

Street Address: _____

Clinic attended: _____ **Date of last clinic visit:** _____

Please refer to the BC Association's policies for eligibility and requirements. To receive reimbursement you must first have submitted a Grant Registration Form. If you have not submitted a registration form previously, please complete it and submit with this application. All forms required for grant reimbursements are available from the clinics or on the BCA webpage at www.cfchapters.ca/vancouver/about-us/bc-medical-grant/

A completed Grant Reimbursement Application form must be submitted with each claim **[new requirement]**. All receipts **must be originals unless otherwise specified in the policies**.

Type of claim: Medical (max. \$1,500/year) Travel (please complete chart) Accommodation

Travel	Air ¹	Bus	Car ²
Dates			
Mileage km			
Cost			

¹ Airfares are reimbursed at 50-80% of the total fare, depending on distance travelled.

²Mileage is calculated at .20 per km for a min round trip of 100 km.

Reimbursement will be for the lesser of air fare or mileage.

Person completing this application: _____

Clinic location: BCCH _____ St. Paul's _____ RJH _____ VGH _____
 Outreach: Kamloops _____ Prince George _____ Other _____

For travel and accommodation claims, please have the clinic sign this form:

Signed: _____ Date: _____
 (Clinic official)

To manage the grant effectively and ensure timely reimbursement, it is requested that claims be submitted within three months of the expense being incurred.