



Maryland
**CANCER
FUND**

**Cancer Treatment Grant
Application Instructions and Policy Manual**

Revised October 2015

**Maryland Department of Health and Mental Hygiene
Prevention and Health Promotion Administration
Center for Cancer Prevention and Control
201 W. Preston Street
Baltimore, MD 21201
410-767-6213**

Maryland Cancer Fund – Cancer Treatment Grant Application Instructions

The Maryland Cancer Fund (MCF) is a resource for funding cancer prevention, screening, treatment, and research in Maryland. The MCF offers Cancer Treatment Grants for low-income Marylanders through qualified organizations.

Background: The Maryland legislature passed House Bill 1000 in 2004 to allow Maryland taxpayers to donate money through their State income tax forms to the Maryland Cancer Fund. Monies donated to the MCF may be used for cancer research, prevention, screening, diagnosis, and treatment. The program is administered by the Maryland DHMH, Center for Cancer Prevention and Control (CCPC).

The MCF awards grants to qualified organizations on behalf of individuals for cancer diagnosis and/or cancer treatment. MCF grants can be used for cancer diagnostic testing, staging or treatment, including: surgery, chemotherapy, radiation therapy, hormonal therapy, biopsy, imaging procedures, laboratory testing, home health services, and medical supplies or medical equipment.

The cancer treatment grant application is available to eligible organizations interested in applying for funding on behalf of a patient to pay for either: (1) out-of-pocket health insurance costs of cancer diagnosis and/or treatment, or (2) direct costs of cancer diagnosis and/or treatment.

- Funding for health insurance costs: Grant funding may be used to pay for the health insurance costs of deductibles, coinsurance, and copays for 1 year. Grant funding under this option may also be used to pay for services not covered under the health insurance policy following consultation with the MCF Coordinator. Total funds requested may not exceed \$20,000 for direct costs per patient, per year.
- Funding for Direct Costs: Grant funding may be used to pay the direct costs for cancer diagnosis and/or treatment for 1 year. Allowable cancer diagnosis and treatment services are defined in Attachment 1. Total funds requested may not exceed \$20,000 for direct costs per patient, per year.

For more information on the Maryland Cancer Fund, please visit the website, at to http://phpa.dhmh.maryland.gov/cancer/SitePages/mcf_home.aspx.

Summary Information

Type of Grant: Cancer Treatment Cost Reimbursement Grant

Grant Award:

- The funding maximum is up to \$20,000 which can be used toward either: (1) the direct costs of cancer treatment services or (2) the out-of-pocket health insurance costs to cover deductibles, coinsurances, copays.
- Grant award may also be used to pay for services not covered under the health insurance policy.
- Indirect Costs: Entities applying for MCF grants may include indirect costs – up to the maximum of 7% of the direct costs.

Award Period: 1 year

Date of Award: The one (1) year award period is established on the Standard Grant Agreement between DHMH and the Grantee.

Availability of Funds: MCF funds are limited. Therefore, **prior to completing an application, contact the Maryland Cancer Fund Coordinator at 410-767-6213** to determine whether funding is available.

Application Deadline: Open and continuous (dependent upon the availability of funds)

Notification of Award: Anticipated notification of grant approval within 10 business days upon receipt of application.

Eligible Organizations: Only eligible organizations are permitted to apply to the Maryland Cancer Fund on behalf of a patient. Eligible organizations are: local health departments and DHMH CCPC-funded cancer screening programs. (For example, the local Breast and Cervical Cancer Programs, the Cigarette Restitution Fund Local Public Health Programs, and the Maryland Colorectal Cancer Control Program screening sites funded by the Centers for Disease Control and Prevention). All organizations applying for funds must have an office located in Maryland.

Eligible Patients:

- Are Maryland residents;
- Have a family income less than 250% of the federal poverty level (See <http://aspe.hhs.gov/poverty/> for the current federal poverty guidelines); and
- Have a finding of cancer or a suggestive finding of cancer within 6 months of the application date.

Funding Provisions:

- MCF funding **may NOT** be used to pay for any services rendered prior to the effective date of award.
- If the applicant receives Cigarette Restitution Funds (CRF) allocated for treatment of targeted cancers, the CRF funds must be exhausted or obligated prior to applying for the MCF.

Mailing Address for the Grant Application:

Maryland Cancer Fund Coordinator
Maryland Department of Health and Mental Hygiene
Center for Cancer Prevention and Control
201 W. Preston Street, 3rd Floor
Baltimore, Maryland 21201

Program Contact Information:

Maryland Cancer Fund Coordinator
410-767-6213

Grant Application Packet:

For eligible organizations submitting a Maryland Cancer Fund - Cancer Treatment Grant, applications must contain the following documentation. The application, along with templates and samples, can be found on the Maryland Cancer Fund webpage at http://phpa.dhmh.maryland.gov/cancer/SitePages/mcf_grants.aspx. See Attachment 3 for the application process. Also see Attachment 2 for the Terms and Conditions of Award.

1. Organization Application

Form DHMH 4682

http://phpa.dhmh.maryland.gov/cancer/Documents/grants/Form_4682.pdf

2. MCF Cancer Treatment Application

Form DHMH 4683

http://phpa.dhmh.maryland.gov/cancer/Documents/grants/Form_4683.pdf

3. Copy of Proof of Health Insurance Policy, if applicable

4. Proof of Income or Statement Certifying No Income

Acceptable forms of proof include:

- (a) tax return;
- (b) W-2 statement; or
- (c) Pay stubs:

NOTE: When a copy of the applicant's most recent income tax return is submitted as proof of income, the form must be signed; or if filed electronically, the electronic filing verification form must be attached.

5. Proof of Residency

Acceptable forms of proof include:

- (a) Maryland driver's license or State identification card;
- (b) Lease or rental agreement;
- (c) Property tax bill;
- (d) Motor vehicle registration;
- (e) Pay check or stub with name and home address;

- (f) Utility bill;
- (g) Voter registration card; or
- (h) W-2 statement

6. Physician Letter - Certification of Diagnosis

NOTE: When a current recipient of a Cancer Treatment Grant is diagnosed with or has a suggestive finding of a second cancer, the organization administering the grant must seek approval of coverage for the second cancer.

7. Cancer Treatment Plan and Budget

Form DHMH 4684

http://phpa.dhmh.maryland.gov/cancer/Documents/grants/Form_4684.pdf

8. Certification

Form DHMH 4681

http://phpa.dhmh.maryland.gov/cancer/Documents/grants/Form_4681.pdf

9. Consent Form

Form DHMH 4686

http://phpa.dhmh.maryland.gov/cancer/Documents/grants/form_4686.pdf

10. Fiscal Budget Forms DHMH 432 A-H

http://dhmh.maryland.gov/SitePages/sf_gacct.aspx

Application Evaluation Criteria:

The Center for Cancer Prevention and Control reviews each cancer treatment grant application based upon:

1. Availability of funds;
2. Completeness of application; and
3. Compliance with the requirements set forth in the grant application instructions.

Attachments

Attachment 1: Glossary for the Maryland Cancer Fund – Cancer Treatment Grants

Attachment 2: Maryland Cancer Fund – Cancer Treatment Grant Awards - Terms and Conditions for Local Health Departments and Other DHMH CCPC Funded Cancer Treatment Grant Grantees

Attachment 3: Maryland Cancer Fund – Cancer Treatment Grants – Application Process (as in COMAR 10.14.05.14)

Glossary for the Maryland Cancer Fund – Cancer Treatment Grants

For the purpose of this grant the following terms are defined as:

“Annual Family Income” means the total amount received per year from all sources before taxes are withheld.

“Authorized representative” means an patient or organization that has received permission from an patient diagnosed with cancer to perform certain tasks on the patient's behalf.

“Capital expenditures” means money spent to add or expand property, equipment, and assets that will benefit an organization in the long term.

“Coinsurance” means the percent of allowable charges for a medical service that a patient with health insurance is responsible for paying.

“Copayment (copay)” means the set amount of money that an patient with health insurance is responsible for paying each time the patient receives a medical service.

“Deductible” means the amount of money that an patient with health insurance is required to pay before the patient's health insurance starts coverage.

“Department” means the Department of Health and Mental Hygiene.

“Diagnosis” is defined as a histopathologic finding of cancer in a:

- a. Biopsy; or
- b. Surgical specimen.

“Family” means the unit comprised of all of the following that apply:

- (a) For a financially independent adult 18 years old or older diagnosed with cancer, the adult diagnosed with cancer or the adult diagnosed with cancer and one or more of the following:
 - (i) Spouse;
 - (ii) Financially dependent child; or
 - (iii) Financially dependent relative; or
- (b) For a financially dependent child, the child and one or more of the following:
 - (i) Parent, foster parent, or guardian;
 - (ii) Sibling living in the household; or
 - (iii) Half-brother or half-sister living in the household.

“Federal poverty level” means the amount of household income by family size that a family needs for basic necessities as determined by the federal poverty guidelines, as amended, which are updated annually in the Federal Register by the U.S. Department of Health and Human Services. (See <http://aspe.hhs.gov/poverty/> for the current federal poverty guidelines).

“Major medical equipment” means equipment that:

- (a) Costs in excess of \$500; and
- (b) Is used for the provision of medical or health services.

“Maryland Health Insurance Plan* (MHIP)” means a State-administered program that:

- (a) Is operated by a unit within the Maryland Insurance Administration under Insurance Article, Title 14, Subtitle 5, Annotated Code of Maryland; and
- (b) Provides health insurance coverage to medically uninsurable Maryland residents.

"Medical Assistance" means the program administered by the State under Title XIX of the Social Security Act, 42 U.S.C. §§1396—1396v, which provides comprehensive medical and other health-related care for eligible categorically and medically needy persons.

“Medicare” means the medical insurance program administered by the federal government under Title XVIII of the Social Security Act, 42 U.S.C. §§1395—1395hhh.

“Organization” means the applicant that is applying for a cancer treatment grant on behalf of the patient. The organization is the recipient of the grant award.

“Patient” means the patient receiving cancer treatment.

“Patient contribution amount” means the amount of money required by an individual’s health insurance policy to be paid by the individual for a given medical procedure or service received, excluding the deductible.

“Physician” means an patient who is licensed to practice medicine in the jurisdiction in which the service is provided.

“Premium” means the amount of money that a patient pays in regular installments to a health insurer for a health insurance policy.

“Treatment” means the medical management and care of a patient that is provided for:

- (a) Cancer diagnostic testing, staging or treatment, including:
 - (i) Surgery;
 - (ii) Chemotherapy;
 - (iii) Radiation therapy;
 - (iv) Hormonal therapy;
 - (v) Biopsy;

- (vi) Imaging procedures;
 - (vii) Laboratory testing;
 - (viii) Home health services; and
 - (ix) Medical supplies or medical equipment;
- (b) Treating medical complications resulting from cancer screening or treatment;
 - (c) Treating other co-morbid conditions in order to treat cancer; or
 - (d) Providing palliative or end-of-life care.

“Uninsured” means that a patient:

- (a) Does not have any health insurance; or
- (b) Has health insurance that does not cover the cancer prevention, screening, diagnosis, or treatment services provided under the Fund.

**Maryland Cancer Fund – Cancer Treatment Grant Awards
Terms and Conditions for
Local Health Departments and
Other DHMH CCPC Funded Cancer Treatment Grant Grantees**

The successful awardee (“Grantee”) must comply with the following terms and conditions of grant award. Grantees must comply with the terms and conditions listed in the Human Services Agreements - Conditions of Awards. (See the Agreement at [http://dhmh.maryland.gov/docs/FY13-Conditions-of-Award-Human-Ser.Agreements-5.29.12\(Final\).doc](http://dhmh.maryland.gov/docs/FY13-Conditions-of-Award-Human-Ser.Agreements-5.29.12(Final).doc))

A. Clinical Services

1. The Grantee shall provide the type of services indicated in the award letter/ package and the conditions of award.
2. The Grantee shall apply cancer treatment payments under this grant only to a patient who is a Maryland resident with a family income that is not more than 250 percent of the federal poverty level.
3. The Grantee, if paying fee-for-service, shall:
 - a. Reimburse the provider in an amount not greater than the Medicaid rate for the medical procedure or the HSCRC-regulated rate for the medical procedure performed in an HSCRC-regulated facility; or if the applicant is a medical provider, accept the Medicaid rate as payment in full for the cancer treatment procedures provided; and
 - b. Only reimburse for cancer treatment services rendered during the effective award period.
4. The Grantee shall maintain a record for each patient who receives cancer treatment services under this grant.
5. The Grantee shall use funds from the Maryland Cancer Fund – Cancer Treatment Grant to pay for the cancer treatment costs up to a maximum of \$20,000 for per patient, per year as described under a cancer treatment plan for:
 - a. Health insurance costs to cover the deductible and patient contribution and for services not covered under the health insurance policy; or
 - b. Direct costs of the cancer treatment services received as fee-for-service.
6. The Grantee may also use funds from the Maryland Cancer Fund – Cancer Treatment Grant to pay for indirect costs - up to a maximum of 7% of the direct costs.
7. A system must be in effect for protection from inappropriate disclosure of patient records and data collection forms created or used in connection with any activity funded under the grant.

The Grantee acknowledges its duty to become familiar with and fully implement all requirements of the federal Health Insurance Portability and Accountability Act (HIPAA), 4 U.S.C. § 1320d et seq. and all implementing regulations including 42 CFR Part 2, 45 CFR Parts 142, 160 and 164 (compliance date April

- 2003) as promulgated. The Grantee also agrees to comply with the Maryland Confidentiality of Medical Records Act (MCMRA), Md. Health-General § 4-301 et seq. This obligation includes, but is not limited to, adhering to the privacy and security requirements for protected health information under federal HIPAA and state MCMRA, and otherwise providing good information management practices regarding all health information and medical records.
8. The Grantee agrees to make available the program records for inspection and audit by the Department at any reasonable time, upon request. In addition, the Grantee must comply with all aspects of information and data gathering requirements as stipulated by the Department Audit Division's Audit Engagement Scheduling Notice.
 9. The Grantee agrees to cooperate with periodic site visits by the DHMH.

B. Payments under the Grant

1. Reimbursements to the Grantee are approved for actual expenditures only.
2. The Grantee shall:
 - Bill the Department at least quarterly according to the schedule in the Grant Award Letter by submitting to the Department requests for payment within one month after the end of each quarter using Form DHMH 437 and Form DHMH 438 **along with attached proof of actual expenditures** (for example, provider billing forms, HCFA 1500, UB92, etc.). Forms can be found at http://dhmh.maryland.gov/SitePages/sf_gacct.aspx.
3. Mail the requests for payment to:

Sandra Gregory, Coordinator
Maryland Cancer Fund
Center for Cancer Prevention and Control
Maryland Department of Health and Mental Hygiene
201 W. Preston Street, 3rd Floor
Baltimore, MD 21201
Phone Number: 410-767-6213

C. Financial Reports and Records

1. The Grantee shall:
 - a. Establish a separate account to track expenditures under the grant; and
 - b. Maintain accurate records, including documentation of each transaction pertaining to the grant.
2. The Grantee's request for payment (Forms DHMH 437 and 438) and annual financial expenditure report (Form DHMH 440) shall include the following:
 - a. contract award/grant number,
 - b. patient identification number,
 - c. purchase order number,
 - d. time period of expenditures covered under the request for payment,
 - e. approved line item budget,

- f. line item expenditures,
 - g. complete Grantee name and billing address,
 - h. Grantee federal tax identification number,
 - i. contact person for the grant, and
 - j. original signature **in BLUE INK** of the requesting financial official.
3. All Maryland Cancer Fund payments are processed via Interagency Payments (R-STARS) with the exception of the following counties: Anne Arundel, Baltimore City, Baltimore, Howard, Montgomery, Prince George's and Washington.
- a. For the counties with payments processed via Interagency Payments, the Grantee's request for payment Form DHMH 437 and annual report Form DHMH 440 shall also include the following in the notes area:
 - i. financial agency code,
 - ii. transaction code,
 - iii. index code,
 - iv. program cost administration (PCA) and
 - v. agency object code (AOBJ).
 - b. For the counties that do not process payment via R*STARS, then those counties must accept payment via credit card. If, and only if a county cannot process a credit card payment, then payment will be made via check.
4. The Grantee shall submit to the MCF Coordinator the annual financial expenditure report (Form DHMH 440) as specified in the Grant Award Letter **no later than 60 calendar days after the close of the award period.**
5. The DHMH may audit the accounts referenced above at any reasonable time, upon request.
6. The grantee shall submit to the Department a refund of any unexpended funds within 60 days after the close or termination of the grant.
7. The Grantee shall **retain all records pertaining to the grant award for 3 years** after the date the final financial expenditure report is submitted under the Terms and Conditions of Grant Awards.
8. In the case of an audit or litigation, the Department may extend the retention of documents time period until the completion of the audit or litigation.

D. Final Comprehensive Report

- 1. The Grantee shall submit a final comprehensive report to the MCF Coordinator **no later than 60 calendar days after the close of the award period.** The final comprehensive report shall provide a summary of all activity conducted under the grant.
- 2. The Grantee receiving a cancer treatment grant shall include the following information in the final comprehensive report for each patient:
 - a. Type of cancer;
 - b. Stage of cancer at diagnosis;
 - c. Age;
 - d. Race;
 - e. Gender;
 - f. County;

- g. Amount of funds expended; and
- h. Brief summary of treatment received.

E. Termination

1. The Department may terminate a grant for the following reasons:
 - a. Grantee fails to comply with the requirements of the award;
 - b. Grantee fails to carry out the purposes for which the grant was awarded;
 - c. In compliance with a court order; or
 - d. At the request of the Grantee.
2. Neither the Department, nor the State, is responsible for any expenses incurred by the Grantee after the termination of the grant.
3. The Grantee shall return all unexpended funds to the Department within 60 days of the termination of a grant.

F. Compliance with Existing Laws and Regulations

The Grantee shall ensure that all activities conducted in the performance of the grant are in compliance with all state, federal, and local laws.

G. Unallowable Usage of Grant Funds

1. The Grantee agrees that the grant is the payer of last resort.
2. Grantees may not use grant money from the Maryland Cancer Fund to pay for:
 - a. Major medical equipment purchases;
 - b. Renovations;
 - c. Capital expenditures;
 - d. Insured patients;
 - e. Cancer screening, diagnosis or treatment that would be provided by an patient's existing health insurance including:
 - i. Medical Assistance;
 - ii. Medicare; or
 - iii. Private health insurance.

**Maryland Cancer Fund - Cancer Treatment Grants
Application Process (as in COMAR 10.14.05.14)**

A. An applicant seeking a cancer treatment grant to pay for cancer treatment costs shall include in the Department's application packet:

1. A completed cancer treatment grant application for each individual for whom grant funds are being requested, including the:

- (a) Applicant's name
- (b) Phone Number
- (c) Mailing Address
- (d) County
- (e) Signature of the applicant as the authorized representative of the individual
- (f) Signature of the individual diagnosed with cancer, if the individual is an adult or the parent or guardian if the individual diagnosed with cancer is under 18 years old

2. A letter written by the individual's physician on the physician's letterhead:
(a) Confirming the individual's cancer diagnosis or the individual is being treated for cancer or the individual has a finding suggestive of cancer

- (b) Confirming the dates of diagnosis or treatment
- (c) Containing the physician's full name, address, specialty and medical license number

3. Proof of current Maryland residency for at least 6 months prior to the application date for each individual for whom grant funds are being requested in one of the following forms:

- (a) Maryland driver's license or State identification card
- (b) Lease or rental agreement
- (c) Property tax bill
- (d) Motor vehicle registration
- (e) Pay check or stub with name and home address
- (f) Utility bill
- (g) Voter registration card
- (h) W-2 Statement issued not more than 12 months ago

4. Proof of annual family income for each individual for whom grant funds are being requested, must include a copy of at least one of the following:

- (a) Most recent income tax return
- (b) Most recent W-2 form
- (c) Pay stubs for two consecutive pays or two pay within the same month
- (d) Social Security entitlement
- (e) Notarized letter stating that the individual is not working and has no income, if applicable

5. Documentation of the eligibility of the individual for grant funds, including:
 - (a) The family size of the individual for whom the applicant is applying
 - (b) The family's annual household income

6. Certification that the applicant will:
 - (a) Keep financial records
 - (b) Send demographics and fiscal information on each individual covered to the CCPC at the end of the grant period

7. Attestation that grant funds will not be used to supplant any existing funding for this cancer treatment activity

8. If the applicant currently receives funding for a similar cancer treatment activity, a list of the funding:
 - (a) Source
 - (b) Amount
 - (c) Period for the activity

B. An applicant seeking cancer treatment grant to pay for out-of-pocket health insurance costs (deductible, patient contribution) shall include in the Department's application packet:

1. A completed MCF Cancer Treatment Application form that:
 - (a) Certifies that the applicant shall pay for a time period not to exceed 1 year:
 - (i) The deductibles, coinsurances, and copays of the health insurance costs
 - (ii) For services not covered under the health insurance policy;

 - (b) Includes a treatment plan for a total request not to exceed \$20,000 per individual per year, including:
 - (i) The health insurance costs of the deductibles, coinsurances, and copays
 - (ii) The costs for services not covered under the health insurance policy

2. Copy of proof of health insurance policy

C. An applicant seeking a cancer treatment grant to pay for direct cancer treatment costs shall include in the Department's application packet:

1. A completed MCF Cancer Treatment Application form

2. A signed document that certifies that the applicant shall pay directly for cancer treatment costs for the individual for a time period not to exceed 1 year and certifies that the applicant shall:

(a) Reimburse the provider in an amount not greater than the Medical Assistance rate for the medical procedure or the HSCRC-regulated rate for the medical procedure performed, if the medical procedure is performed in a HSCRC-regulated facility

(b) Accept the Medical Assistance rate as payment in full for the cancer treatment procedures performed, if the applicant is a medical provider

3. Includes a treatment plan for a total request not to exceed \$20,000 per individual, including:

(a) The planned cancer treatment procedures

(b) The Medical Assistance or HSCRC-regulated rate for each procedure