

Maryland Cancer Fund

Questions and Answers for Grantees

Patient Eligibility

1. If a patient with a non-targeted cancer (e.g. kidney cancer) comes to a local health department or other Maryland Department of Health (MDH)-funded cancer program (the “Grantee”) for help in applying for Maryland Cancer Fund (MCF) funds for treatment, can the program apply on behalf of the patient for MCF funds to pay for cancer treatment and/or health insurance for this patient?

Yes, there is no restriction on the type of cancer that may be covered by MCF funds. However, grantees should explore existing MDH-funded programs that may pay for the diagnosis and/or treatment of certain cancers, such as breast, cervical and colorectal cancer. Also, the patient does not have to be a client of the health department’s screening program to be eligible for payment under an MCF cancer treatment grant.

2. Does a patient have to be a United States citizen to qualify for a grant?

No, but the patient must be a Maryland Resident for at least 6 months.

3. Can a patient have health insurance and still qualify for MCF?

Yes, a patient can have health insurance and still qualify for an MCF grant. The grant could cover the cost of the deductibles, copays and coinsurance.

Application

4. Does the Grantee need to state in their application for a Maryland Cancer Fund Treatment Grant if they have allocated funds for cancer treatment in their Cigarette Restitution Fund Cancer Prevention, Education, Screening and Treatment (CPEST) grant?

Yes, the Grantee applying on behalf of the patient should indicate on DHMH Form 4681 if cancer treatment funds are available in their current CPEST grants.

5. Is there a limited number of cancer treatment grants that a Grantee can apply for?

There is no limit to the amount of applications a Grantee can apply for from the MCF. However, funds for cancer treatment grants are limited and available on a first-come first-served basis.

Use of Funds

6. If the Grantee has funds in their approved CPEST budget or another appropriation to pay for cancer diagnosis and/or treatment, can the Grantee reallocate those funds and use MCF funds in its place?

No. If a program has CPEST or other funds designated and approved for payment of cancer diagnosis and/or treatment, the program should expend those funds first before applying for an MCF cancer treatment grant. The MCF is a payer of last resort.

7. Will the MCF funds pay for cancer treatment before the date of application?

No, the MCF does not pay for bills/invoices incurred prior to the start date of the grant. The MCF grant award period is established in the Standard Grant Agreement and funding MAY NOT be used to pay for cancer diagnosis and/or treatment services retroactively.

8. Is MCF funding available for primary prevention, early detection/secondary prevention, or cancer research?

Along with cancer treatment, the MCF also provides funding for primary prevention, early detection/secondary prevention and cancer research. However, as funding is limited, all MCF funding is allocated towards cancer treatment grants at the moment.

9. Can the cancer treatment funds be used to help fund salaries?

No, salary for personnel is not an allowable expense.

10. Can MCF grant funds pay providers on a “fee for service” basis to assist clients who qualify for Medical Assistance only after meeting a spend-down?

Yes, the grantees can use MCF funds up to the patient’s spend-down amount.

11. Why were the MCF Cancer Treatment Grants not set up like Breast and Cervical Cancer Program Diagnosis and Treatment Program (BCCDTP), where the patient applies directly to staff at MDH, and staff at MDH certify the client’s eligibility, obtain contracts with providers and pay bills for treatment?

The MCF was not set up like the BCCDTP program because the legislative bill that established the MCF and the COMAR Regulations specifically state that MDH has to award the money through grants to eligible persons.

Administrative

12. What are the funding limits for a grant?

The funding maximum is up to \$20,000 per year with a \$40,000 lifetime cap (based on amount allocated, not expended), which can be used toward either: (1) the out-of-pocket health insurance costs to cover deductibles, coinsurances, copays or (2) the direct costs of cancer treatment services. The grant award may also be used to pay for services not covered under the health insurance policy. In addition, grantees are allowed indirect costs up to 7% of the direct costs.

13. Are the Grantees expected to “case manage” the client?

Grantees are expected to apply on behalf of the client, to be knowledgeable about the Treatment Plan, to receive and pay bills on behalf of the client, and to assure that the service was provided before paying the bill. The MCF does not expect that the Grantees will, for example, assure that the client gets to his/her appointments. The Grantees may provide more comprehensive case management services, but are not required to.

14. Who will collect medical records in order to apply for a MCF Cancer Treatment Grant?

The Grantee applying on behalf of the patient needs to obtain the copies of the patient’s bills for payment.

15. Who will obtain the information to complete the MCF Treatment Plan and Budget - Form DHMH 4684?

The Grantee will obtain permission from the patient to allow for medical records release to the Grantee. The Grantee will then work in conjunction with the patient’s health care provider(s) to complete Form 4684.

16. How does the MCF Cancer Treatment Grant funding interface with community hospital (financial) assistance programs? Who pays first?

Funds for the MCF are limited. The cancer treatment funds will be awarded on an open and continuous basis as long as funds are available. The community hospitals’ financial programs will likely function as they did prior to the MCF Program.

17. Who obtains contracts with providers for services?

It is the responsibility of the Grantee to obtain contracts for services.

18. Who will monitor grant expenditures and complete the MDHS fiscal forms?

The Grantee is responsible for assuring that the MDH fiscal forms are completed and submitted by the required timeframe.

19. Will providers or patients be asked to complete the application and/or supply the necessary documentation?

It is the decision of the Grantee applying on behalf of the patient to decide the best course of action to obtain the necessary documentation in order to submit a complete application packet to the MCF Coordinator.

20. Does the MCF considering a colonoscopy a diagnostic or screening procedure?

Under the MCF Cancer Treatment Grant, a colonoscopy would be considered a diagnostic screening procedure (the patient must have a finding suspicious of cancer to be eligible for a treatment grant).

21. Is a patient eligible for a second year of MCF Treatment Grant funding if needed and available?

Yes, the client may be eligible for a second year of funding. The Grantee must reapply by submitting a new application packet to include an updated Physician's Letter, Treatment Plan and Budget, and Fiscal Budget. Funding is based upon the availability of MCF funds. The lifetime maximum per patient may not exceed \$40,000 for any subsequent funding requests.

22. The MCF grant application asks that a copy of the health insurance be included. Will MCF staff be responsible for enrolling the client into health insurance?

No, the Grantee will be responsible for working with the patient to apply for health insurance and may begin the MCF application process immediately.

23. Does the Fund cover the costs of services beyond diagnosis and/or 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.

24. Is MCF funding distributed equally among the local programs?

The cancer treatment funds are awarded on an open and continuous basis as long as funds are available. Funding availability is determined at the time of request for each patient. Funds for cancer treatment grants are limited and available on a first-come-first-serve basis.

25. For clients who only receive cash payments, for proof of income, will they need to submit a notarized letter from their employer?

The Grantee applying on behalf of the client should contact the MCF Coordinator for further guidance at the time of application.