

# EXTRAORDINARY MEDICAL ASSISTANCE FUND (EMAF)

## A Comprehensive Guide for Application, Appeal and Expense Eligibility

### For Confirmed Survivors

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## **Introduction**

This guide is intended for use by Confirmed Survivors who seek reimbursement or funding for extraordinary medical claims from the Canadian Thalidomide Survivors Support Program (“CTSSP”) Extraordinary Medical Assistance Fund (“EMAF”).

The Administrator has carefully listened to the feedback received from your emails, calls and the annual survey to make meaningful improvements to the EMAF to better address your evolving health needs.

The EMAF is dedicated to providing financial assistance for Confirmed Survivors, specifically targeting extraordinary medical costs and is complimentary to the Ongoing Support Payments or other sources of financial assistance such as provincial, territorial and/or federal programs.

*Please note: Any reference to days in this document refers to calendar days unless otherwise specified. In the event a deadline falls on a Canadian holiday or a weekend, then the deadline will be the next business day.*

Confirmed Survivors should consider return/refund policies and procedures, especially prior to purchasing custom-made products.

The Forms referred to in this protocol can be downloaded via the CTSSP website (<https://tsspcanada.ca/forms.html>) or requested from the Administrator by email, phone, or mail.

Frequently asked questions about the EMAF and information on how to complete the application form can be found on the FAQ page at <https://tsspcanada.ca/faq.html>. Alternatively, you may contact the Administrator by phone, mail, or email for assistance.

If you are unsure whether the item or service for which you wish to receive funding is eligible, the Administrator encourages you to submit an EMAF application. Claims that align with the intent and scope of the EMAF, but are not listed, will be considered on a case-by-case basis.

Do you have questions or need assistance completing your EMAF Application? The Administrator is here to help. Please contact the Administrator by phone, mail, or email for assistance. Information about the EMAF is also available on the website at <https://tsspcanada.ca/faq-confirmed.html#extrablock>.

Formal decisions on EMAF claims are sent to the Confirmed Survivor in writing.

## **Extraordinary Medical Assistance Fund (EMAF)**

Under the Canadian Thalidomide Survivors Support Program (“CTSSP”), one million dollars (indexed at 2% per year) is set aside annually in the Extraordinary Medical Assistance Fund (EMAF) to help cover the unique health support costs of Confirmed Canadian Thalidomide Survivors who require specialized surgeries, health support

treatments and/or require significant adaptations to their primary residence or primary vehicle to better accommodate their birth differences as Thalidomide Survivors.

If the EMAF contains residual funds after the fiscal year is complete (March 31st of each year), the remainder is used to issue top-up payments to those who were subject to the financial means test. Any further residual funds are used in the new fiscal year, starting April 1st, for the CTSSP program (for example: issuing ongoing support payments and issuing payments to newly Confirmed Survivors). In the new fiscal year, the EMAF is replenished.

When an EMAF claim (request) is submitted, the Administrator assesses the following:

- whether it is related to the Survivor's known birth differences, secondary conditions, and functional differences; and
- whether the claim is related to a common expense (e.g., purchasing food or clothes, paying for utilities, regular home maintenance, etc.). While these examples represent expenses that are not eligible under the EMAF, they can be covered using the annual Ongoing Support Payments.

As the Administrator of the CTSSP it is our responsibility to reimburse products and services obtained from businesses only. Purchasing goods and services from a business provides Confirmed Survivors with recourse against the business in the event that the goods or services are inadequate or not delivered as contracted. As such, a receipt from an established company is required for each product and/or service for which reimbursement or funding is being requested.

Confirmed Survivors are encouraged to interview potential contractors, test adaptive equipment prior to purchasing etc. The contractor should be able to discuss their experience with accessibility improvements and/or have completed relevant training. Asking if a business carries workers' compensation coverage, adequate liability insurance and offers a warranty on their products and workmanship is also recommended.

Health supports and/or treatments are covered only where they relate to thalidomide birth differences or secondary conditions arising out of those birth differences. Health supports and/or treatments unrelated to thalidomide birth injuries, or injuries arising from work, car accidents or other types of accidents are unrelated and therefore, not provided for under the EMAF.

The list of items and services included in this document is meant as a general guide and is not all inclusive.

### EMAF Annual Lump Sum Payment <sup>New</sup>

Based on survivor feedback received, an EMAF Annual Lump Sum Payment of \$4,000.00 (indexed at 2% per year) will be automatically disbursed to all CTSSP Confirmed Survivors in the month of April, effective April 2025.

The first Annual Lump Sum payment of \$4,000.00 will be issued using your preferred method of payment on or around November 12, 2024.

This new component of the EMAF aims to simplify the process of obtaining funds for less costly medical expenses.

For example, some expenses may include assistive daily living tools such as a reaching aid or adaptive utensils, prescription glasses, fall prevention devices, footwear or “smart” home appliances like automated vacuums or an interactive voice assistant.

There is no requirement to submit an EMAF application and there is no need to explain to the Administrator how these funds are used. Each Confirmed Survivor’s annual cap will be adjusted to reflect this annual lump sum payment.

Please refer to the [“List of Potentially Eligible Expenses”](#) below for more information.

### Financial Means Test

The Administrator is required to apply a financial means test calculation to determine eligible claim amounts as follows:

<b><i>Total Annual Income</i></b>	<b><i>Percentage of Eligible Amount for Reimbursement</i></b>
\$0 to \$25,000	100%
\$25,000 to \$45,000	90%
Over \$45,000 or unidentified	80%

A copy of your Notice of Assessment or tax return should be submitted with your application unless you have already submitted your most current copy with your Annual Forms Package. If you choose not to provide this Notice, you will automatically be assessed at 80% of the eligible amount of the approved expense.

### Deadline For Application Submission

The Administrator considers any request to the EMAF that is accompanied by receipts or quotations acquired **within one year** of the date that the EMAF application is submitted to the Administrator. Funding requests for expenses with receipts more than one year old may only be considered on an exceptional basis only.

### Limits On Recovery For Eligible Expenses

Confirmed Survivors may request funding from the EMAF even if the province or territory in which they reside has a similar program to assist with these expenses, for example, vehicle adaptations. However, Confirmed Survivors cannot be paid from two

different sources for the same expense. If you have received full or partial funding from a provincial or territorial program for the same expense, please submit documents showing the amount received. Confirmed Survivors may be reimbursed for the balance of the expense only, subject to eligibility and availability of funding.

For home adaptations consisting of high-end materials or items, Confirmed Survivors may not be reimbursed the full amount but may receive an amount equal to the cost of standard equipment/material of similar size, quality, and design. For example, the cost of a high-end appliance or a luxury upgrade to an item may not be fully reimbursed. However, if there is a justifiable need for high-end materials or upgrade in any adaptation, please include supporting documentation (e.g., a report from a medical professional) citing the reasons for that specific installation.

#### Expenses Not Eligible Under EMAF

The following are some examples of expenses that fall beyond the scope of the EMAF and are not eligible; ordinary home or vehicle maintenance due to regular wear and tear, repairs or certain renovations and/or modifications, food, clothing, utilities etc. These expenses are incurred by the general public and are considered common expenses that can be covered by the annual Ongoing Support Payments and are not payable under the EMAF Program. Please refer to the [“List of Potentially Eligible Expenses”](#) in this document for more information.

Requests for funding for the same household or vehicle adaptation may not be allowed within five (5) years of the previous request unless there is an urgent need.

#### Requirements For Receipts and Quotes

Any down payment required should be noted on the quote and/or receipt. If funding is requested for more than \$10,000.00, quotes must be provided from two different businesses/professionals. If this is not possible, please let us know when your EMAF application is submitted. The Administrator may elect to obtain a second quotation for fair and reasonable comparison purposes only.

***For each item and/or service funding is being requested, the following information must be included on the receipt or quote from an established business or licensed professional:***

Business name/logo

Contact Information

Business GST/HST number

Business license number

Website address

Name of Recipient who will receive/received the item(s) or services(s)

Date of sale for each item purchased or service rendered

Itemized list of items(s) or service(s) purchased, including descriptions and pricing for each

### Audit of EMAF Claims

For quality assurance purposes, 10% of all EMAF claims, for which payment has been issued, will be randomly selected to undergo a review of the work completed. For home or vehicle adaptations, the review will be completed by a bonded professional associated with the Administrator. The Administrator will contact the Confirmed Survivor to discuss a suitable time and date for the review. The Administrator welcomes Confirmed Survivors to have family member(s) or friend(s) in attendance if they so wish during the review. In the case of medical surgeries, the Administrator will contact the service provider directly.

### **Step 1 – Application Process**

Should you have any questions about your application or require verbal assistance for completing your form please call the Contact Centre at 1-877-507-7706.

You may also choose to have a family member, friend, healthcare provider or contractor complete the form. The Administrator will reimburse reasonable costs incurred to have a licensed professional complete the form. Please submit the receipt for this cost with your application.

### Submitting an Application

If you wish to submit an EMAF application, please ask the Administrator to send you an application form or you may download a fillable EMAF application form from the Forms page at <https://tsspCanada.ca/forms.html>.

Confirmed Survivors must complete the brief EMAF application form and submit the completed form along with any supporting documentation to the Administrator by email, mail, or fax to:

Canadian Thalidomide Survivors Support Program

PO Box 507 STN B, Ottawa, ON, K1P 5P6

[info@tsspCanada.ca](mailto:info@tsspCanada.ca); Fax: 1-866-262-0816

When completing your application, please briefly explain how the adaptation or service you are requesting will help you and how it relates to your thalidomide birth differences. In addition to this brief explanation, a report from a health practitioner (e.g., doctor, massage therapist, occupational therapist etc.) to support the need for the requested adaptation or service including how it relates to your thalidomide birth differences is also helpful. This is especially important if there have been recent changes to your health that the Administrator may not have on file. All information provided will be taken into

consideration by the Administrator when assessing an EMAF claim. You will not be reimbursed for the cost of obtaining any supporting documentation, including medical reports not requested by the Administrator.

Application forms must be signed by the Confirmed Survivor or her/his legally appointed personal representative along with all supporting documentation required, prior to submitting.

EMAF applications will be considered in the fiscal year that the EMAF decision letter and payment are issued – prior to March 31<sup>st</sup> annually. Any EMAF decisions and payments issued after March 31<sup>st</sup> are included in the new fiscal year cap. Survivors are encouraged to submit their EMAF application(s) before March 1<sup>st</sup> annually to ensure time for processing and payment before March 31<sup>st</sup>.

If there is greater need than available funds in a given fiscal year, claims which are deemed to be of a critical nature will be given priority over other types of claims. For example, life dependent surgeries, urgent treatment/medications or a catastrophic life event impacting safety/health. The maximum number of times an EMAF Application will be carried over is one fiscal year. In the event that the need for this carry over should occur, all other eligible claims will be paid as soon as possible or in the following fiscal year.

There is no limit as to how many applications you may submit as the Administrator has removed the yearly submission deadline date to make the process easier for you. Please submit a new application whenever you wish; however, the Administrator requests that you accumulate \$500 worth of expenses before sending in your application unless it creates a financial hardship for you.

The Administrator will acknowledge receipt of your application by issuing an acknowledgment letter within two (2) business days of receipt by email or mail depending on the method of submission.

EMAF Applications will undergo an initial review for completeness by the Administrator in the order received within five (5) business days. Any critical claims, such as life dependent surgeries, will be given priority in processing.

Should the Administrator determine that the application is deficient, the Administrator will notify you by mail or email to explain the deficiency and request the missing information. The Administrator will follow up as needed if no response is received. Your application will be held in abeyance for thirty (30) days from the date of the deficiency letter.

If the requested information is not received within thirty (30) days from the date of the deficiency letter, the decision will be made with the information on file.

Once the Administrator determines the application is complete, all information will be carefully reviewed regarding how the requested adaptation, item or service will provide

clear health benefits in relation to an individual's unique thalidomide birth differences and secondary conditions.

The application will then be reviewed on a case-by-case basis by a Quality Assessor to ensure that claims align with the intent and scope of the EMAF Comprehensive Guide.

A decision letter will be issued within thirty (30) days of receipt of the application unless the application is deficient and additional information has been requested. The decision letter will be provided to the Confirmed Survivor by mail, email or both.

The decision letter can approve the application in full; partially approve the application or deny the application in full.

If the application is approved for payment, the Administrator will await the Confirmed Survivor's agreement before processing for payment to ensure that the Survivor does not intend to appeal any part of the decision.

If the Confirmed Survivor disagrees with the Administrator's decision either in whole or in part, the Confirmed Survivor is entitled to proceed with an appeal. The appeal process is described in Step 2.

#### Payment for Eligible Expenses

For approved expenses for which the Confirmed Survivor seeks reimbursement and has provided proof of payment, the Administrator will issue payment to the Confirmed Survivor by direct deposit or by cheque, depending on the Confirmed Survivor's preferred method of payment.

For approved expenses for which the Confirmed Survivor seeks funding, payment can be issued by cheque, co-payable to the Confirmed Survivor and vendor (licensed business or professional). Alternatively, the Administrator can pay the vendor directly, upon receipt of an invoice from the vendor.

#### **Step 2 – Appeal Process**

If you wish to submit an EMAF appeal, please ask the Administrator to send you an application form or you may download an EMAF appeal application from the Forms page at <https://tsspcanada.ca/forms.html>.

Should you have any questions about your application or require assistance for completing your form please call the Contact Centre at 1-877-507-7706.

You may also choose to have a family member, friend, healthcare provider or contractor complete the form. The Administrator will reimburse reasonable costs incurred to have a licensed professional complete the form. Please submit the receipt for this cost with your application.

The completed appeal form along with any supporting documentation must be submitted to the Administrator by email, mail, or fax to:



Canadian Thalidomide Survivors Support Program

PO Box 507 STN B, Ottawa, ON, K1P 5P6

[info@tsspcanada.ca](mailto:info@tsspcanada.ca); Fax: 1-866-262-0816

One appeal is allowed for each EMAF Application submitted. The appeal is to be in writing only. The Reasons for Appeal should be fully explained in detail on the appeal form.

Confirmed Survivors have forty-five (45) days from the date of the Decision Letter regarding a request for EMAF funding to submit an appeal form and any supporting documentation not previously provided. You will not be reimbursed for the cost of obtaining any supporting documentation, including medical reports not requested by the Administrator.

Only the Confirmed Survivor or his/her legally authorized personal representative may submit an appeal on behalf of the Survivor.

You will receive an Acknowledgement letter by mail or email, to confirm your appeal form is received. If there are any questions about your Appeal form, the Administrator will contact you by telephone, email and/or mail.

The appeal form will be reviewed by the Administrator for completeness.

When the Administrator confirms the appeal application is complete, an appeal brief will be prepared and forwarded to the Appeal Assessor.

Your appeal will be reviewed by an independent Appeal Assessor at Epiq Class Action Services. During the review process, the Appeal Assessor may request additional information from the Confirmed Survivor via the Administrator.

#### Additional Time to Submit Supporting Documentation

If additional time to submit supporting documentation is needed (e.g., to gather medical reports), you should submit your appeal form within forty-five (45) days of the decision letter and advise the Administrator that supporting documentation will follow.

Documents must be received by the Administrator within thirty (30) days of the appeal submission, otherwise your application will be held in abeyance until all supporting documentation that you have advised will be provided is received. Where possible, provide a time estimate for the delivery of supporting documentation.

Incomplete information may lead to your appeal being decided with the information on file. It is in your best interest to complete the appeal form fully and provide any and all information in support, including medical reports.

Any documentation submitted after the Appeal Assessor has issued a decision will not be considered.

### Appeal Decision

Within thirty-five (35) days of receipt of your fully completed appeal form and supporting documentation by the Administrator, your appeal will be assessed.

Once the Appeal Assessor has provided the decision to the Administrator, an EMAF Appeal Decision Letter and an Appeal Assessor Decision will be sent to the Confirmed Survivor.

You will receive the decision letter by email, mail, or both. **The Appeal Assessor's decision is final. There will be no further right of appeal.**

If the Appeal Assessor has approved your appeal, either in whole or in part, the Administrator will issue payment(s) within thirty (30) days from the date of the appeal decision letter.

## **List of Potentially Eligible Expenses**

**Home** (including but not limited to):

Adaptations, items or services which improve accessibility, safety and independent living for primary residence only.

***Note:*** *Requests for funding for the same household adaptation may not be allowed within 5 years of the previous request unless there is an urgent need.*

**Bathroom:** automated or raised toilet/bidet, automated towel dispensers, grab bars, therapeutic bath/thermostat relocation or automation, tilting bath lever

**Bed:** adjustable bed, bed lever

**Cleaning Services:** for primary home; by an established business when requested due to thalidomide-related birth differences

**Closet:** (adaptations to)

**Doors:** automated exterior or interior doors

**Drawers:** (adaptations to)

**Dryers:** automated hand or hair dryers

**Electrical:** electrical outlet installation for primary vehicle block heaters (charging stations for electric vehicles not included), home lighting automation

**Faucets:** automated faucets

**Flooring:** slip resistant, seamless, adapted to wheelchair use

**Furniture:** (adaptations to)

**Home technology:** assistive technologies for activities of daily living such as screen readers, listening devices, voice/speech devices, “smart home” technology

**Heating & Ventilation:** ultraviolet air purifiers, hard wired/HVAC air purifiers

**Kitchen:** adaptations to countertops, cabinetry, or specialized appliances

**Laundry Room:** adaptations to countertops, cabinetry, or specialized appliances

**Lifts:** chair lift, elevators, porch lift, mechanical lift, stair lift

**Office:** adaptations to personal home office, communication software, teletypewriter (TTY) devices

**Ramps:** interior or exterior

**Windows:** motorized/automated window treatments or window replacement to address an adaptive need

## **Vehicle**

Applicable to primary vehicle only and must be unrelated to general maintenance or wear and tear repairs.

**Note:** Requests for funding for the same vehicle adaptation may not be allowed within 5 years of the previous request unless there is an urgent need.

**Automobile:** adaptations, items or services which improve accessibility, safety and independent living

**Lifts:** wheelchair or scooter hoists

**Steering:** foot or hand operated steering controls

## **Medical & Personal Wellbeing (including but not limited to):**

Adaptations, items or services which improve accessibility, safety and independent living.

Must be related to thalidomide birth differences or secondary conditions.

\***Acupuncture:** services must be provided by a licensed practitioner

## **Ambulance transport**

**Attendant Care:** per requirements defined under [“Attendant Care/Home Care”](#)

**Bicycle/Tricycle** (adaptive)

**Chiropody:** services must be provided by a licensed practitioner

**Chiropractic Treatments:** services must be provided by a licensed practitioner

## **Communication Boards**

**Dental Procedures:** extraction, surgery, implants, tooth repair, reconstruction, restorative (bridge, veneers), prosthetics

**Dental Treatment:** endodontist, orthodontist

**Devices:** medical devices such as electrical muscle/bone stimulators, vascular therapy device

**Diagnostic Imaging:** radiological services provided in private Canadian diagnostic facilities for example: MRI, CT, X-ray, which is not covered by provincial, territorial or private health plans and/or due to the prescriber or facility being out-of-network.

**Hearing devices & services:** products for hearing impairments such as alarm clocks, watches, alerting devices, amplifiers, listening devices, hearing aids, strobe flasher, signaling devices, specialized headphones, sign language interpretation

**Illness recovery:** equipment for short term use after an illness or surgery depending on equipment needed and its application. Only items which are not covered by provincial, territorial or private health plans are eligible. Example: dressing supplies, special transportation

**\*Massage Therapy:** services must be provided by a licensed practitioner

**Medications:** as per the requirements defined under [“Prescription Medications”](#)

**Naturopathy:** services must be provided by a licensed practitioner

**Occupational Therapy:** services must be provided by a licensed practitioner

**Orthotics**

**Osteopathic Treatments:** services must be provided by a licensed practitioner

**Oxygen Therapy:** services must be provided by a licensed practitioner

**Physiotherapy:** services must be provided by a licensed practitioner

**Podiatry:** services must be provided by a licensed practitioner

**Preventative & Screening Services:** if prescribed but not covered by provincial, territorial or private health plans, for example whole body CT scans, prostate specific antigen (PSA) testing

**Prosthetics:** devices, appliances, artificial limbs

**Psychotherapy:** services must be provided by a licensed practitioner

**\*Reiki:** services must be provided by a qualified practitioner

**Scooter** (adaptive)

**Service Animals:** must be accompanied by a health practitioner’s report (initial costs only)

**Surgery:** must be thalidomide related procedures (includes related appointments and supplies)

**Transfer Boards**

**\*Travel:** medical travel expenses such as meals, accommodation, flight/bus/train fare, licensed attendant care required to attend appointments/procedures related to thalidomide birth differences or secondary conditions. *Reimbursement calculated per most current Canada Revenue Agency per-diem rates.*

**Uninsured Services:** examinations, laboratory tests or other procedures related to uninsured services

## **Ventilator**

**\*Wellness Treatments:** hair removal, medical spa services

**Wheelchair:** adaptive, electric, foldable, all terrain, geriatric, back-up, or stand-up style wheelchairs

**\*See “Items not covered by EMAF list; medical/wellness expenses” for exceptions.**

### **Items not covered by EMAF:**

- *Adaptations and/or assistive devices for secondary home(s) or secondary vehicle(s)*
- *Care of service animal*
- *Cost of medical reports for EMAF applications and appeals not requested by the Administrator*
- *Expenses covered by any government plan, employer, workers’ compensation or other program*
- *Expense types which do not fall within the EMAF Comprehensive Guide*
- *Gym memberships and/or Fitness Apps (i.e.: Peloton, Apple Fitness+)*
- *Hobbies (and related costs associated with)*
- *Home renovations, repairs, improvements and/or upgrades unrelated to adapting the home to better accommodate thalidomide-related birth differences*
- *Landscaping*
- *Medical and/or wellness treatment expenses (i.e.: resort spa services, massages, acupuncture, reiki etc.) incurred during personal (including vacations) or business travel*
- *Medical expenses related to an accident*
- *Ongoing subscription or membership fees*
- *Pool related costs: for example, liners, salt, chemicals, cleaning supplies, water, solar blankets, opening/closing expenses.*

### **Items not covered by EMAF (continued):**

- *Postage*
- *Protection or warranty plans, extended warranty, subscriptions, or service fees*
- *Repairs to primary home (indoor/outdoor), property, or vehicle due to ordinary wear and tear and expected maintenance (e.g., roof, driveway or walkway replacement or refinishing, painting, staining, deck or fence repair, eavestrough replacement, gutter protection, power washing, window replacement due to age or breakage, vehicle maintenance or vehicle repairs)*
- *Repairs and/or renovations to home and property after natural disasters such as flood, mold, ice damming, fire, hurricane, tornado etc.*
- *Replacement parts and ongoing supplies for assistive devices/equipment/household items or appliances, such as filters, hearing aid batteries, CPAP replacement masks, CPAP mask wipes, etc.*
- *Security cameras and systems*
- *Travel expenses (personal and/or business related), including flight upgrades and transportation to/from the airport*
- *Utilities*
- *Water filtration systems*

### **Definitions**

**Adaptation** – a change or modification to an item or space to suit or assist with birth differences, secondary conditions or new conditions arising from Thalidomide-related birth differences.

**Annual Funding Cap** - the maximum amount of EMAF funding each Confirmed Survivor may receive per fiscal year to ensure that all Confirmed Survivors have equal access to the EMAF.

**Appeal** - the mechanism available to Confirmed Survivors that allows them to seek reconsideration of the Administrator's decision denying their EMAF application in full or in part.

**Appeal Assessor** – the individual who determines whether a Confirmed Survivor’s appeal of the Administrator’s denial (in full or in part) of an EMAF application will be granted or denied.

**Appeal Decision Letter** – the written, final decision of the Appeal Assessor regarding a Confirmed Survivor’s appeal of the denial (in full or in part) of an EMAF application.

**Application** – the EMAF form sent to the Administrator seeking reimbursement or funding for an extraordinary medical expense.

**Application Deadline** – all EMAF applications must be submitted within one year of the date of the earliest expense. For example, an application for reimbursement of an expense dated July 12, 2023, must be submitted to the Administrator by July 12, 2024.

**Assistive Technologies** – adaptive or rehabilitative devices to help with the performance of activities of daily living.

**Attendant Care/Home Care** – the provision of care or assistance from an individual with specialized college qualifications to provide such services (e.g., personal support worker) where recommended by a licensed practitioner. The individual(s) must either have a business license or work for a licensed business to provide these services.

**Augmentative Communication Device** – a device which allows a person to communicate without speaking verbally.

**Authority to Act** – a document, such as a Power of Attorney or Court Order which provides proof of an individual’s legal authority to function as the legally authorized representative of a Confirmed Survivor.

**Business** – an established business with an assigned “Business Number”.

**Business Number** – a number provided to any business by the Canada Revenue Service regardless of the type of proprietorship, level of revenue or requirement to collect taxes.

**Confirmed Survivor** – an individual who has been identified as a Thalidomide Survivor under the Canadian Thalidomide Survivors Support Program (“CTSSP”), the 1991 Extraordinary Assistance Plan (“EAP”) and/or the Thalidomide Survivors Contribution Program (“TSCP”).

**Comprehensive Guide** – the fundamental processes of the EMAF which serve as the foundation for decision-making in the assessment of EMAF claims.

**Co-Payable** - A payment, provided by the Administrator for an eligible adaptation, item or service, that is made payable to both the Confirmed Survivor and the vendor/service provider.

**Decision Letter** – the formal, written letter from the Administrator which explains whether a claim for expenses is eligible or ineligible for reimbursement under the EMAF.



**Deficiency Letter** – A letter from the Administrator identifying what information is missing or needed from the Confirmed Survivor to enable the completion of an EMAF Application review.

**Eligible Expense** – an adaptation, surgery, health support and/or treatment the Administrator considers to be an extraordinary expense within the intent, scope, and comprehensive EMAF guide.

**EMAF Annual Lump Sum Payment** – Refers to the \$4000.00 payment disbursed automatically to all Confirmed Survivors without an application.

**File** –represents all of the applications and supporting documents submitted by the Confirmed Survivor since their application to the TCSP and/or CTSSP which are with the Administrator at the point in time an EMAF application review and determination is undertaken.

**Financial Means Test** – is a method of determining the level/percentage of funding an EMAF application will be paid/reimbursed at, based on a survivor's total annual income. The financial means test is a requirement of the EMAF.

**Fiscal Year** – covers the period from April 1<sup>st</sup> of one calendar year to March 31<sup>st</sup> of the following year. For example, April 1, 2023, to March 31<sup>st</sup>, 2024.

**Legally Authorized Personal Representative** – an individual who has authority to act on behalf of a Confirmed Survivor. A legally authorized personal representative can submit an EMAF application or appeal for the Confirmed Survivor.

**Licensed Medical Practitioner or Health Professional** – a qualified individual who is licensed to treat or provide medical services (e.g., physicians, physiotherapists, osteopaths, chiropractors, massage therapists, dentists, etc.).

**Prescription Medication** – a pharmaceutical drug that is permitted to be dispensed only when ordered by a licensed medical practitioner, health professional/ healthcare provider with authority to do so.

**Primary Residence** – the residence listed as your legal address, such as on your driver's license, tax returns, etc.

**Primary Vehicle** – a primary vehicle is the vehicle most often used by the Confirmed Survivor and is the main mode of transportation.

**Proof of Identification** – a document which includes the first and last name, the date of birth and photograph of a Confirmed Survivor, such as a valid provincial driver's license, valid provincial photo identification or valid Canadian passport. Proof of identification must be submitted with the annual forms package.

**Proof of Payment** – evidence that a payment has been made, often in the form of a receipt, transaction record, bank statement, or digital payment confirmation.

**Qualified / Licensed Professional** – a person who has the education, training, licensure, certification, and experience to provide services, such as those for home or vehicle adaptations. Invoices, quotes, receipts and proof of payment must be from qualified licenced professionals for these items and services.

**Quote/Quotation** – a document from a licensed business or professional showing the details and estimated price of a product or service.

**Receipt** – a document provided by a seller to a buyer to acknowledge the payment received for goods and services, including the items purchased and their costs. A receipt may act as a proof of payment.

**Top Up Payments** - Additional payments made by the Administrator to survivors' whose EMAF application/reimbursement in that same fiscal year was reduced due to the financial means test.