

Extraordinary Assistance Fund (“EMAF”)

Guiding Principles for Assessing EMAF Claims

APPLICATION SUBMISSION:

You may submit your EMAF Application for consideration anytime between April 1st of the current year and March 31st of the next year. EMAF Applications will be reviewed and payment will be issued (if assessed to be eligible) at time of submission on a first come first served basis. If there is more need in a given year than available funds, a Confirmed Survivor’s application will automatically be carried over to the following fiscal year and that Confirmed Survivor’s application will be processed first in that fiscal year. The maximum number of times an EMAF Application will be carried over is one fiscal year. Please note that if there is greater need than available funds in a given fiscal year, extraordinary health claims (e.g. surgeries) will be given priority over other types of claims. To date, lack of funding has not been a concern.

EXPENSES:

1. Expenses must have been purchased or quotations must have been acquired within 1 year of the submission date of your EMAF Application. For example, if you submit your application on June 5, 2019, then expenses/quotes acquired between June 5, 2018 and June 5, 2019 will be considered for the 2019-2020 FY. Each receipt/quotation should contain a clear description of the expense incurred or to be incurred.
2. Requests for funding for the same expense will not be permitted within 5 years of the previous request. For example, if funding is provided for fully adapting the main floor bathroom in your home, you may not request funding to make the same changes to that same bathroom within the next 5 years unless there is an urgent need.
3. To ensure equal access to the EMAF for all Confirmed Survivors, submission of quotations for home adaptations that contain **high end finishes** (e.g. granite countertops) may be subject to an individual cap for that expense. In other words, the Confirmed Survivor may not be fully reimbursed for the granite countertop, but instead may receive an amount equal to the cost to install a standard countertop of similar size and design. As there may be a justifiable need for a high end finish (e.g. motion sensing appliance with on/off feature), please include supporting documents (e.g. a report from a medical professional) citing the reasons for that specific installation.
4. Expenses which are not eligible under the EMAF include, but are not limited to:
 - The cost of medically necessary insured hospital or physician services because this is prohibited under the Canada Health Act;
 - Medications used on a recurring basis;
 - Ongoing/regular treatments (e.g. massage or chiropractic treatments),

- Ongoing/regular services (e.g. home or garden maintenance);
- Ongoing/regular assistance (e.g. attendant care, cleaning services);
- Routine eye exams or annual eye glass prescription renewals;
- Routine dental check-ups

APPLICATION OF THE FINANCIAL MEANS TEST:

Depending upon a Confirmed Survivor’s total income as identified in a current income tax document (e.g. Notice of Assessment) that they submit with their EMAF Application, the Confirmed Survivor may receive the full amount or a partial amount of the eligible expenses requested subject to fund availability. If the Confirmed Survivor chooses not to submit a current income tax document, then they will be assessed at the highest income level for the purposes of this Guiding Principle. Your Ongoing Support Payment is not considered part of your total income for the purposes of this calculation. The following table will be used to calculate the potential amount of funding to be received.

Confirmed Survivor’s Total Annual Income	Potential % of Funding Requested to be Received
\$0-10,000	100% of amount requested
\$10,001-\$20,000	90% of amount requested
\$20,001-\$30,000	80% of amount requested
\$30,001-\$40,000	70% of amount requested
Over \$40,000	60% of amount requested

APPLICATION OF THE CAP:

To ensure fair distribution of EMAF funding to Confirmed Survivors that submit EMAF claims, the Administrator will apply a cap to the amount of funding each Confirmed Survivor may receive in a fiscal year for all EMAF Applications submitted by that Confirmed Survivor in the same fiscal year. The cap was set at \$40,800 in 2018-2019 FY and has been increased by 2% per fiscal year since then to coincide with the increase to service costs annually.

To explain this principle, we offer the following example. A Confirmed Survivor submits two EMAF Applications in the 2018-2019 FY. The first application submitted is for a home adaption that costs \$35,000. The same Confirmed Survivor submits a second EMAF Application in that same fiscal year for a dental surgery that costs \$30,000. The combined total of these expenses is \$70,000. The maximum amount the Confirmed Survivor could receive for both EMAF Applications submitted in that fiscal year is \$40,800.

The Administrator will issue funding at the time each EMAF Application is submitted and will record how much has been given to the Confirmed Survivor already in the event a second application is submitted in the same fiscal year: this ensures there is no delay in payment of the first application.

APPLICATION OF THE TWO QUOTATION REQUIREMENT:

When submitting an EMAF Application for home or vehicle adaptations that exceed \$10,000, Confirmed Survivors must submit two quotations, of comparable detail, from two different professional service providers. If that is not possible, the Confirmed Survivor must provide an explanation in writing as to why he or she was unable to obtain two quotations. The Administrator may elect to obtain a second quotation using a vendor associated with the Administrator for comparison purposes only. Each quotation should itemize in detail the work required and the associated cost of the same. If there is a requirement for a down payment/deposit before the work can be performed that should also be indicated. Only expenses from qualified/licensed professionals will be considered.

APPLICATION TO ASSESS GREATEST NEED:

The distribution of the EMAF funding in a fiscal year depends upon the total volume of applications received and the total of all expenses submitted for that period.

- a. EMAF Applications will be reviewed and payment will be issued (if eligible) at time of submission on a first come first served basis within a fiscal year. If there is more need in a given year than available funds, a Confirmed Survivor's application will automatically be carried over to the following fiscal year and that Confirmed Survivor's application will be processed first in the next fiscal year. The maximum number of times an EMAF Application will be carried over is one fiscal year. Please note that if there is greater need than available funds in a given fiscal year, extraordinary health claims (e.g. surgeries) will be given priority over other types of claims.
- b. To support your request for funding, Confirmed Survivors are strongly encouraged to submit a report from a healthcare professional that explains the Confirmed Survivor's need for the requested surgery(ies) and/or home or vehicle adaptations. This report will be helpful to the Administrator when deciding who should receive funding if there is greater need than funding available. The cost to obtain this report will be the Confirmed Survivor's responsibility.

APPLICATION OF ELIGIBILITY:

If you have already received full or partial funding for the expense being claimed under the EMAF from a provincial or territorial program, please submit documentation showing the amount received as you cannot be paid twice from two different sources for the same expense. In other words, if your home adaptation cost \$30,000 and you already received \$15,000 from the province towards the cost of the renovations, you would only be entitled to receive the balance of \$15,000 under the EMAF, not the full \$30,000, subject to eligibility and fund availability.

APPLICATION OF THE AUDIT:

To help the Administrator better understand the specialized needs of Thalidomide Confirmed Survivors and 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. In the case of 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 and 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.