

**Direct Dollar Disbursement Policy  
of  
Cystic Fibrosis Association of Erie County**

**ARTICLES OF INCORPORATION**

The Cystic Fibrosis Association of Erie County's, Articles of incorporation, dated 05/31/2019 to the Pennsylvania Department of State Bureau of Corporations and Charitable organizations, states, in part, in Exhibit A(3): The corporation is incorporated under the Nonprofit Corporation Law of 1988 for the following purpose or purposes: (i) to offer support to individuals and families affected by cystic fibrosis ("CF") in Erie and Crawford counties, Pennsylvania; (ii) to administer support groups and other similar resources to such individuals and families; (iii) to provide financial assistance and other tangible resources to such individuals and families; (iv) to raise awareness of CF; and (v) and any other activity not inconsistent with the foregoing that may be engaged in by an exempt organization under Section 501(c)(3) of the Internal Revenue Code and its Regulations, as amended.

**DDD POLICY**

1. The Cystic Fibrosis Association of Erie County ("CFA") shall distribute funds for reasonable and necessary cystic fibrosis ("CF") related medical care and other costs as deemed appropriate by the Direct Dollar Disbursements ("DDD") chairperson. Families shall receive funds based upon need, and that need shall be subject to maximum reimbursement limitations. Reimbursement request must be postmarked no later than 120 days from date of service.

**DEFINITIONS**

2. Caregiver – the CF parent, spouse, domestic partner, or legal guardian, (hereafter called caregiver.)
- 2.1. CF Treatment Centers – eligible treatment centers under this policy; is defined as Buffalo, NY, Cleveland, OH, Pittsburgh, PA, and Wexford, PA, and any other treating out-of-town hospital.
- 2.2. Certified CF specialist – for this policy, a medical provider who treats CF patients at an eligible treatment center, would include but are not limited to a pediatric, adolescent, and adult cystic fibrosis specialist, endocrinologist, pulmonologists, gastroenterologist, and otolaryngologist (ears nose and throat specialists) and nurse practitioner.
- 2.3. Coverable Area - is defined as Erie and Crawford Counties, Pennsylvania.

**ELIGIBILITY REQUIREMENTS**

3. For an individual to be eligible for funding from the CFA under the DDD program, a person must be diagnosed as having CF and resident of Erie or Crawford County, Pennsylvania.
- 3.1. A letter is required from a CF specialist affiliated with an eligible CF treatment center, stating the patients' diagnosis of Cystic Fibrosis. The disbursement will not be approved until said information is provided.

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- 3.2. The CFA board of directors reserves the right to reevaluate eligibility.
- 3.3. When a CF patient turns 18, he or she has the right to have the DDD reimbursements go directly into their bank account. However, if funds are deposited into another person's account, and the CF patient would like the payment to remain the same, that too is acceptable. Furthermore, the CF patient has the right to change his or her mind at any time in the future. Please contact the DDD chairperson in writing to make changes or updates.

### DIRECT DOLLAR DISBURSEMENT PROCEDURES

4. The CFA Board President shall appoint a direct dollar disbursement chairperson. The chairperson shall consist of a board director who is not eligible for funds under the DDD policy.
  - 4.1. The DDD chairperson shall meet the requirements of the bylaws of the CFA, and specific to Article VII Conflict of Interest.
  - 4.2. The DDD chairperson shall follow the DDD policies and procedures when evaluating and paying the disbursements.
  - 4.3. Printable DDD policy and forms are available on the CFA website at <https://www.cfaerie.org/about/financial-reimbursement>
  - 4.4. Every attempt will be made to distribute the DDD's monthly.
  - 4.5. DDDs submission must be postmarked by the 15th of each month to receive reimbursement for that month.
    - 4.5.1. CFA maintains the original receipts for recordkeeping purposes. The CF patient or caregiver is encouraged to make a copy for their records.
    - 4.5.2. All information must be entered clearly on the DDD form for each item, and the supporting documentation must contain the required proof of service and be easily identifiable and readable. The form must be complete, signed, and dated by the CF patient or caregiver.
    - 4.5.3. Items that are not related to, do not fall under the DDD policy, or are unverifiable to treatment will be denied.
  - 4.6. Exceptional cases of "extreme emergency" shall be the only time the CFA board of directors will disburse funds immediately if approved.
  - 4.7. The DDD reimbursement to the CF patient or caregiver is paid electronically through direct deposit into the Automated Clearing House ("ACH"), which electronically transmits the payment into the designated bank account.

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- 4.8. CFA shall have one ACH account per CF patient.

### ELIGIBLE EXPENSES

5. Reimbursement for CF-related medical insurance deductibles is a payable expense. Acceptable supporting documentation could be a statement from the medical insurance company verifying;
1. the annual deductible,
  2. proof of service provided, and
  3. the amount deducted from the deductible for the visit.
- 5.1 Evidence of medical care, at a CF treatment center, is reimbursable at \$250 per round-trip to offset the cost of gas, meals, parking, and other incidentals. Acceptable supporting documentation could be;
1. the CF specialist summary of the visit, or
  2. original statement from the treatment center, or
  3. medical insurance explanation of benefits, or
  4. other document confirming treatment.
- 5.2. The copay for CF appointments and hospitalization is payable. Acceptable supporting documentation could be;
1. medical insurance explanation of benefits, or
  2. other document confirming treatment and co-pay amount.
- (Note: this is a reimbursable expense authorized in addition to the \$250 per round-trip as described in Section 5.1, above.)
- 5.3. The copay for a CF prescription is payable. Acceptable supporting documentation includes;
1. the original cashier/pharmacy receipt,
  2. the name of the prescribing physician,
  3. the CF patient name,
  4. full RX # that matches the pharmacy receipt,
  5. name of the medication,
  6. date order filled, and
  7. the copay due.
- 5.4. Available benefits provided to the caregiver with the out-of-town hospitalization of a CF patient are:
- 5.4.1. The caregiver may submit original meal receipts for \$50 per day up to 14 days. No caregiver may be entitled to reimbursement under this Section 5.4.1 for either the date of admission or the date of discharge. Such expenses are already covered by the reimbursement provided under Section 5.1.
- 5.4.2. Reimbursement for a hotel room to be reimbursed at a reasonable economy rate not to exceed 14 days per hospital stay. An itemized receipt from the hotel listing each day is acceptable proof.

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- 5.4.3. A request for reimbursement for hotel stays longer than 14 days must be submitted by the CF patient or caregiver, in writing, to the board of directors for review and determination. A reply to the request will be provided, in writing, following the next scheduled board meeting.
- 5.4.4. CFA limits the request to one hotel room per CF patient, per hospitalization.
- 5.5. Special requests for CF-related needs will be considered, from a CF specialist, patient or caregiver, when submitted in writing, to the board of directors for review and determination. A reply to the request will be provided, in writing, following the next scheduled board meeting. (Note: special requests could be from a CF specialist for a specific CF patient need not covered by other sources. It could be a one-time request from a patient or caregiver for a rental vehicle for transportation to and from a treatment center for an appointment, or it could be for a unique or emergency circumstance.)
- 5.6. The CFA provides cash assistance of \$149 for the first quarter, and 150 for the additional three quarters through the ACH for CF-related over-the-counter nonprescription and supplements. This assistance is in addition to the yearly maximum reimbursement limitation. The cash assistance is deposited through ACH to the CF patient or caregiver's bank account on or before the 15th of the month; in February, May, August, and November.

### LIMITATIONS ON REIMBURSEMENT

6. The maximum reimbursement for all expenses, expressly covered under the DDD policy, will be a percentage of each year's budget and determined by the accountant and approved by the board of directors. If the maximum is not reached, it does not carry over. The CFA reserves the right to deny any reimbursement request that may, in its sole discretion, be determined not to be within the spirit of the DDD Policy. The within DDD Policy creates no contractual or other legal rights to any participant, and it may be amended, modified or terminated at any time, without prior notice to any participant.
- 6.1. Additional expenses for those who have met the maximum reimbursement will be evaluated on a case-by-case basis and only for "extreme circumstances." A letter of request from the patient or caregiver must be submitted, in writing, to the board of directors for review and determination. A reply to the request will be provided, in writing, as soon as possible.

### SUBMITTING FALSE REQUESTS

7. Submitting false information or falsification of any document to substantiate a claim shall be grounds for immediate expulsion from the CFA, with a criminal referral when warranted, to the appropriate local, state, or federal agency.